contributing etermined regular 2 Und 10 Was direct 4 IMPORTANT death kind; any pronounced Also, of acture FUNERAL DIRECTOR: examiner. 4 3 <u></u> physician Was medical burns: Body the 0 the challed (2) where hospital No accident of any nature; 9 approved (except and to the hospital released

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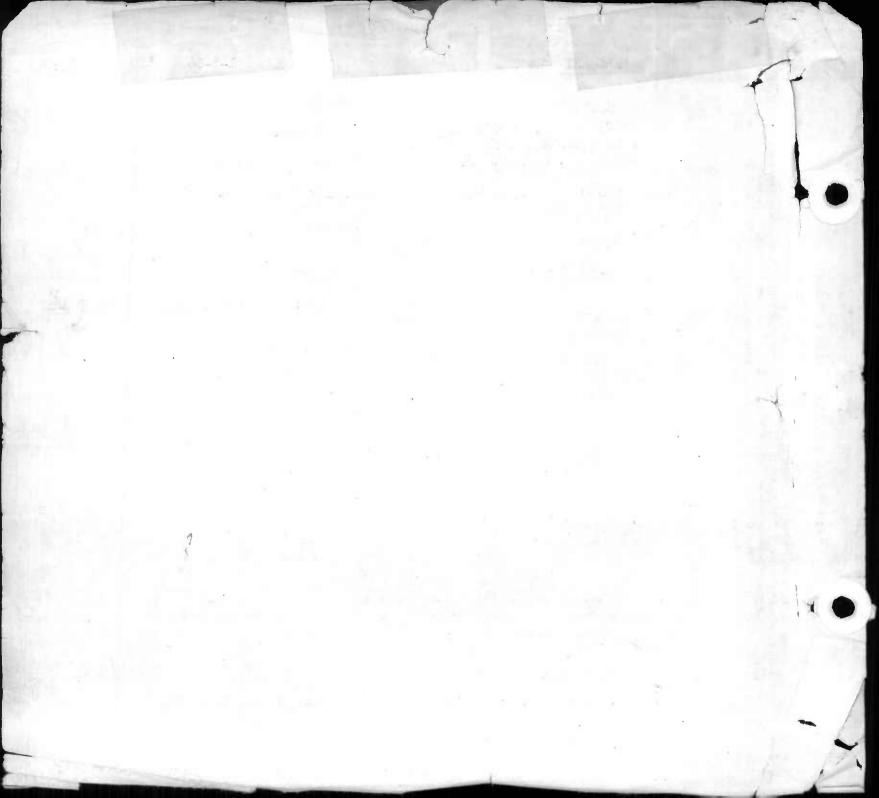
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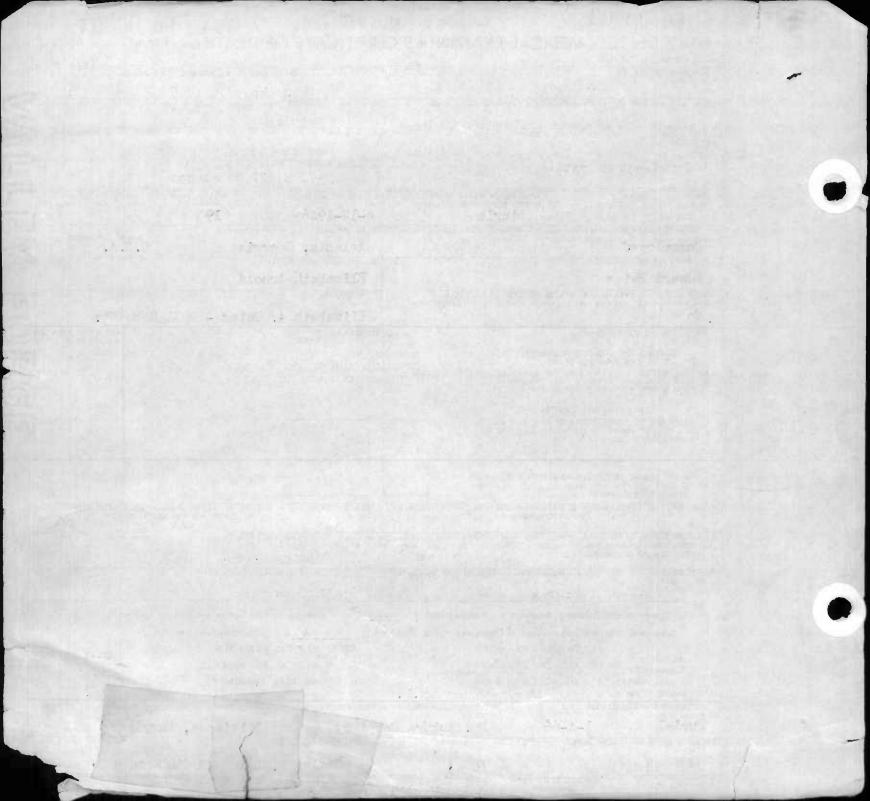
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BIRTH	NO.
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	66 (00003		BALTIMORE CITY HEAL	TH DEPARTMENT	6	6 00003
BIRTH	NO.	1	MEDICAL E	XAMINER'S C	ERTIFICATE OF		
M.E.	CASE NO.						
1. NA	ME OF DEC	CEASED			2. DATE AN	D HOUR PRONOUNC	ED DEAD
туре	or Print)	PRES	TON ARNOLD		Janu	ary 1, 1966	3:20Am.
3. PL/	ACE IN BALT		AND, WHERE PRONC	OUNCED DEAD	4. USUAL RESIDENCE (Where		titution: residence before odmission) JNTY
FULL HOSP INSTI	NAME OF	(IF NOT IN ADDRESS O	HOSPITAL OR INSTI	TUTION, GIVE STREET	Maryland C. CITY OR TOWN (If outside	10	e RURAL and give township)
	Provid	lent Hosp	ital		Baltimor D. STREET ADDRESS (If rurol 42.7 E. 2		X 0 1
5. SE)		6. RACE	7. AA A PRIFE	, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
5. 32.	male	negro	Sing	DIVORCED (specify)	6-12-1946	19	Months Doys Hours Min.
		VPATION (Give kir working life, even if yed		OF BUSINESS OR INDUSTRI	Atlanta, Georg		12. CITIZEN OF WHAT COUNTRY?
	THER'S NAM				14. MOTHER'S MAIDEN NAM		0.00.20
	Edward				Elizabeth Arno	old	
			ARMED FORCES?	16. SO CIAL	17. INFORMANT		ADDRESS
	No	ill yes, give wo	r or dotes of service)	SECURITY NO.	Elizabeth A.	Bates - 2031	Robb St.
18		1911		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEA	SE OR CONDIT	ION DIRECTLY				ONSET AND DEATH
	/This door	LEADING TO		(A) Mass	ive chest hemorr	hage	
	heart foilure,	, osthenio, etc.	mode of dying, e.g. It meons the discose coused deoth.)	; DUE TO gu	nshot wound of b	ack	
		OR CONDITION	NS, IF ANY, GIVING	(B)	******************************	••••••	
	RISE TO TH		E (A) STATING THE	500.10			
Z				(C)	000 W = V 0 V 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
F		II					
CERTIFICATION	TO THE	DEATH BUT	NOT RELATED TO				
RTI		OPERATION 1		WHICH OPERATION	20A. AUTOPSY? (Yes or No	120B. IF YES. WERE FI	INDINGS CONSIDERED
	2		VAS PERFORMED		yes	IN CERTIFYING CAU	
EDICAL	A. EXTERNA	L CAUSE WAS	218	PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DID	(If in Boltimore City, g	ive exact location)
3	TING CAU	OR CONTRIB-	etc.	street	office bldg., INJURY OCCUR?	sylvania Ave	9
	ID TIME	(Month) (Do)	r) (Yeor) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ		u •
	F INJURY APPROX.)	1-1-66	3:07 A m.	WHILE AT NOT AT W	WHILE XX Shot in b	ack	
2	2. cer	tify that I held	an Inquiry	Inspection Au	tapsy X and that on th	nis basis, death in	my apinian
		Ited fram: Not		Accident Suicid		Undetermined mann	
		1	1 4		CHIEF MEDICAL E		
	ACTUA		1/xul	ushing	ASSISTANT MEDICAL E	XAMINER	DATE SIGNED
	SIGNAT		1000		ASSOCIATE MEDICAL E		1-1-66
	NAME (iger Breit	enecker, M.D.			
	BURIAL CRE	MATION, 238	DATE	23C. NAME of CEMETERY	OF CREMATORY 23D.	LOCATION (City	r, town, or county) (Stote)
]	Burial	1.	-4-66	Mt. Auburn Ce	emetery	Baltimore, N	Maryland
24A.	DATE REC'D	BY HEALTH DE	PT. 24B. NAM	E OF REGISTRAR	24C. FUNERAL DIRECTO	2)	ADDRESS
	JAN 3	3 1966 R	0.883	2. Outh	Charles R.	Law 802 Mad	dison Ave.
VS 1	51-REV. 1/1/	/65	\$ 4	5 10 4 5	6000	1)	



IMPORTANI DIRECTOR: FUNERAL

death Deceased E O death. 10 ance hosi (2) edupa attend 9 cause; occurred in contributing prior etermined regular is mad deceased death disposition = (4) Und MOS the eath OU kind or final attendance any pronounced \$00 med of fracture embal 0 examiner. regul Who are 3 Ξ physician the remains chief medical edical SDM burns; physician the 0 before the 3 where to the hospital °Z nature; **b**\ be obtained 9 approved (except and any death); of hospital the body was released must accident must 10 approval 0 prior certificate to An 4 deceased 0.0 written shows: MOS

25A. DATE REC'D BY HEALTH DEPT.

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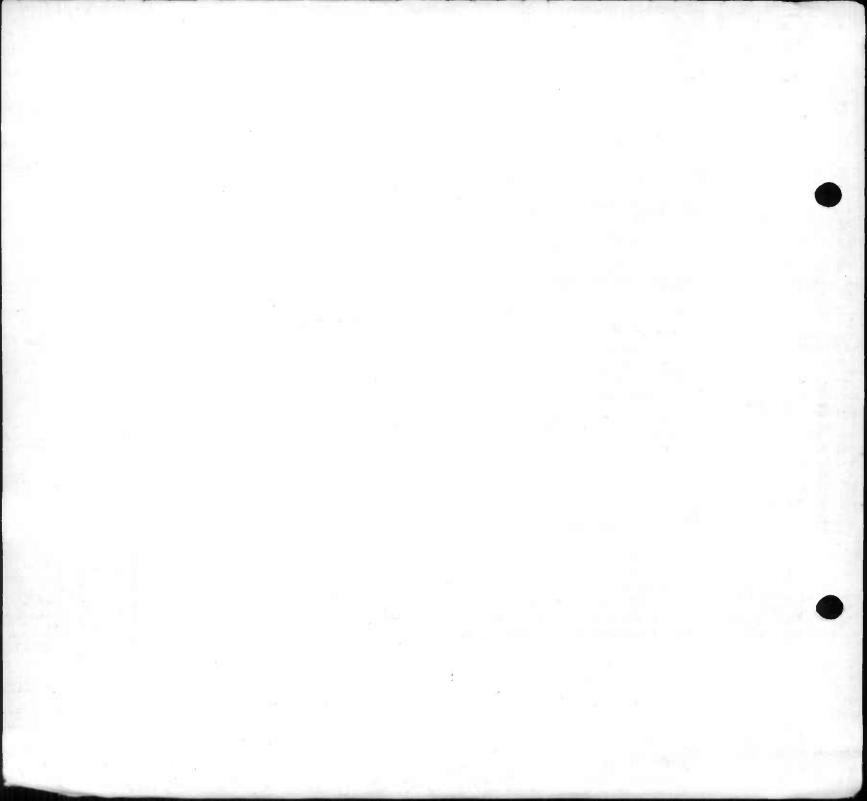
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BALTIMORE CITY HEALTH DEPARTMENT Registered Non BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence IN BALTIMORE, MARY B. COUNTY A. STATE MARYLAND FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street oddress or location) (If outside city limits, write RURAL and give township) BALTIMORE JOHNS HOPKINS HOSPITAL D. STREET ADDRESS (If rurol, give location) EDERAL ST. 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Hours WIDOWED, DIVORCED (specify) ast birthday Months Doys FEMALE NEGROID WIDOWED IDA. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF done during most of working life, even if retired) WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOHN RICHARDSON SUSAN JOHNSON 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMAN ADDRESS (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. 124318. Federa CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This daes not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury at camplication which caused death,) ANTECEDENT CAUSES (B) DUE TO DISEASES OR CONDITIONS, if any, giving la the abave cause (A) stating the (C) UNDERLYING CONDITION last. Н OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CERTIFIC 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) MEDIC 21 D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Work 22. I certify that (1) (this hospital) ottended the deceased from that (I) (we) lost saw the deceased alive on 1 and that in (my) (our) opinion death occurred on the date ond hour and from the couses stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23B, DATE SIGNED Attending Stoff M.D. Med. Phys. Director 23 C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 24A. BURIAL CREMATION. CREMATORY 10 24D. LOCATION REMOVAL (Specify)

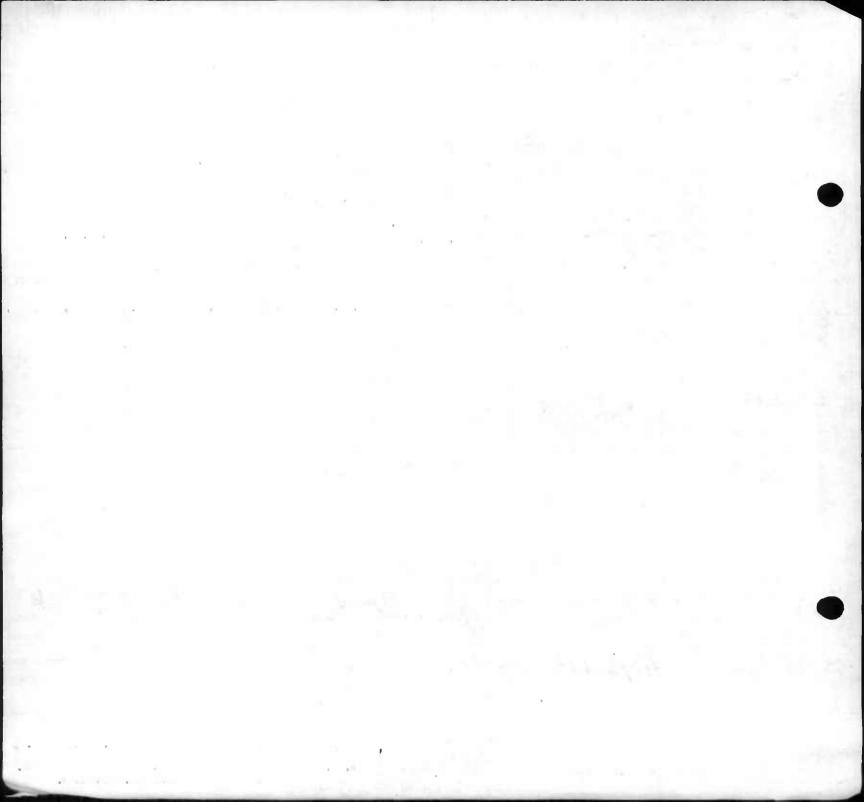
FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approved must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. 66 00005 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 00005			00005		
11	RTH NO. 660005	CERTIFICA	TE OF DEATH	Registered No.	00003
1	NAME OF DECEASED AMILE WOODS	811	2. DATE AN	D HOUR OF DEATH	300 A. M
3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospitol or institution, give street			4. USUAL RESIDENCE When	e deceased lived. If insti	lution: residence before odmission)
			Marylan	side city limits, write RU	
10	Bolton Hill Nu	sing Home	D. STREET ADDRESS (III	rurol, give location)	24
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED			8. DATE OF BIRTH	1 . 1	ST.
	Female Negro Wide	WED, DIVORCED (specify)	Nov. 14. 1893	72	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min,
- 11	5A, USUAL OCCUPATION (Give kind of work) 10B, KINE one during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
1	3. FATHERS NAME		14. MOTHER'S MAIDEN NAM	AE	0. 5.74
•	James Facutele	10.1	Francis		
100	5. Was Deceased Ever in U. S. Armed Forces? es, no or unknown) (If yes, give wor or dates of servi	1 6. SOCIAL	17. INFORMANT		ADDRESS
	No			Woodson.	
	18. 15 3 I DISEASE OR CONDITION DIRECTLY	CAUSE O	F DEATH		ONSET AND DEATH
	LEADING TO DEATH	(A) Qd	ent concument of Glan	with Meterlaner	1 New
	(This does not mean the made of dying, heart failure, asthenia, etc. It means the dise injury ar camplication which caused death.)	o.g.,	d		0
	ANTECEDENT CAUSES	(B)	th the constraint of the classes and the classes are as as as the classes the classes and the classes are as a classes the classes are a classes are	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
	DISEASES OR CONDITIONS, if any, girise to the above cause (A) stating	ving		140000000000000000000000000000000000000	
	UNDERLYING CONDITION last.				
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.		E Alexa Disease		
		OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.	208 IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS CONSIDERED
	O 2TA. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B PLACE OF INJURY (e.g., i home, lorm, foctory, street, o elc.)	n ar obout 21 C. WHERE DID INJURY OCCUR?	(If in Baltimore (City, give exact location)
	21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21 E. INJURY OCCURRED While At Not While	21F. HOW DID INJ	URY OCCUR?	
		Work Al Work	Annua 3/ 1	of the state of th	1 10//
	22. I certify that (I) (*his haspitel) attended that (I) (**ue) lost saw the deceased alive	m. 1- 01	1/	9 (1 to Ganda of in (my) (**) opini	My
	and hour and from the causes stated abov	e. (1) (Wa) (414) (did not) v	riew the body after death.		
	23A. SIGNATURE	A			3B. DATE SIGNED
	Stanly Helpen	fly M.D. Atte	ending Med. Director	Stoff Phys.	Janeary 1/966
	23 C. PHYSICIAN'S NAME (Type)	Д	23D. ADDRESS 1179 E. Bett	more ST A	Thomas 2 Md
	4A. BURIAL CREMATION, 24B. DATE 241 REMOVAL (Specify)	C. NAME of CEMETERY OF CR			town, or county) (State)
2	Burist 1-4-66	MT Auburn	Pem. Be	1/timore	ADDRESS
	JAN 3 1966 ROBE	Fallen .	George A. A	Kler 1348.	N. Calhon St
1.1	\$ 150-PEV 1/1/65	3 4 10			



6	6 00006	BALTIMORE (CITY HEALTH DEPARTM	ENT 6	6 00006
BIRTH NO.	0	CERTIFIC	CATE OF DEA		
M.E. CASE NO.			12.0	ATE AND HOUR OF DEA	TU
(Type or Print)	ssie Marga	aret Hines		nuary 2, 196	
3. PLACE OF DEATH IN B			4. USUAL RESIDENC		f institution: residence before admission
	not in hospitot or insti dress or location)	tution, give street	Maryland	d c	ite RURAL ond give township)
	wood Nursi	ng Home	Baltimos D. STREET ADDRESS	(If rurol, give location)	
			351 Rose	ebank Ave.	
	Ne Ne	ARRIED, NEVER MARRIED DOWED, DIVORCED (specify) VOR Married	Aug.14.189		If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
done during most of working life ashier-Sect	, even if retired) Eag	tern Body Co	• Marylar	nd	12. CITIZEN OF WHAT COUNTRY? U.S.A.
3. FATHER'S NAME			14. MOTHER'S MAID		
William M. 1	lines		Emma St	tevenson	
S. Wos Deceosed Ever in UYes, no or unknown) (If yes,	J. S. Armed Forces? give wor or dotes of se		17. INFORMANT		ADDRESS
No		213-20-59	54 J.E.Hines	,2249 N.31s	t St., Phila.32.P
	NDITION DIRECTLY TO DEATH		memia		INTERVAL BETWEEN ONSET AND DEATH
(This does not mean heart failure, asthenia injury or complication	the made of dying, etc. It means the di	(A) DUE TO sease,	Pullinge	in Synd	line
ANTECE	ENT CAUSES	(B)			
DISEASES OR CON rise to the above UNDERLYING COND	cause (A) sloting	giving			
	11	BUTING (4		b,	
TO THE DEATH E	UT NOT RELATED TON CAUSING IT.		nio Silero		
19A. DATE OF OPERATI	ON 198. CONDITION	FOR WHICH OPERATION	20 A. AUTOPSY? (Ye	IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
O 21A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical	CAUSE OF	21B PLACE OF INJURY (e home, form, foctory, stree etc.)	.g., in or obout t, office bldg., INJURY OC	DID (If in Bollin	more City, give exact location)
OF INJURY (APPROX)	(Doy) (Yeor) (Hou		While	OID INJURY OCCUR?	
		nded the deceased fram	Jul	19 6 5 10	nen 2 net 1966
that (i) (we) last say		ove. (1) (We) (did) (did no			epinian death accurred on the dat
23A. SIGNATURE	e cooses stated and	uve. (1) (me) (did) (did no	it) view the body after	death.	23B, DATE SIGNED
Aup	ul Byork	Py . M.D.	Attending Med. Directo	Stoff Phys.	1/3/66-
23 C. PHYSICIAN'S NAME (Type)	Paul M. B	yerly ,	23D. ADDRESS A.D. 5820 Y	Tork Road	
24A. BURIAL CREMATION, REMOVAL (Specify)		24C. NAME of CEMETERY of		24D, LOCATION	(City, town, or county) (State)
Burial	1/5/1966	Druid Ridge		Pikesville	, Balto.Co., Md.
JAN 3 1966		A PARTERAR	H.W.Jenk	rector cins & Sons	ADDRESS
VS 150-PEV 1/1/AS		0 / 6			



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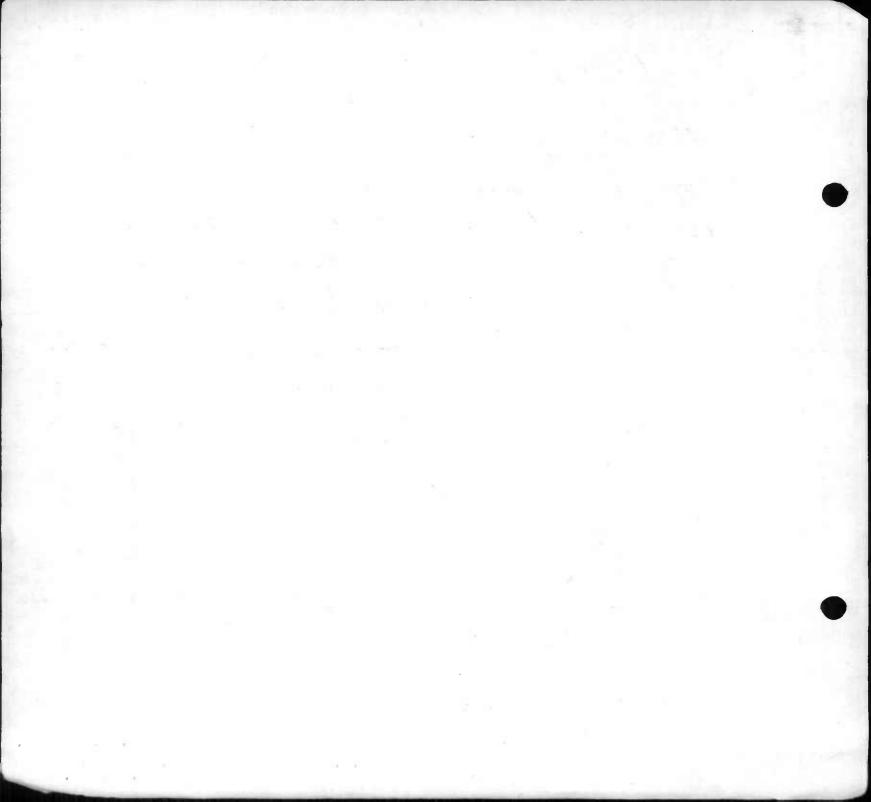
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VS 150-REV. 1/1/65

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IMPORTANT FUNERAL DIRECTOR:

the chief medical examiner

pital and of death

a hospital

(4) Undetermined cause; (5) Deceased

contributing cause

occurred

death

or his assistant if

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VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. CERTIFICATE OF DEATH Such M.E. CASE NO. 2, DATE AND HOUR OF DEATH (Type or Print) LO death. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission)
A. STATE
B. COUNTY ance FULL NAME OF (If not in hospital or institution, give street ARYLAND HOSPITAL OR oddress or location) CITY OR TOWN (If outside city limits, write RURAL and give township) attend 0 D. STREET ADDRESS (II TUT prior GWYNN OAK WYNN disposition is made. in regular 9. AGE (In years 5. SEX 7. MARRIED, NEVER MARRIED If Under 1 Yr. Months: Doys 8. DATE OF BIRTH deceased WIDOWED, DIVORCED (specify) last birthday) NEGRO 8 MARRIE -29 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) done during most of working life, even if retired) CHEMICAL GEORGETOWN

14. MOTHERS MAIDEN NAME MACHINIS 13. FATHER'S NAME Was the AMUE KOS A death LO 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL or final SECURITY NO. attendance pronounced DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not meon the made of dying, e.g., hearl foilure, asthenia, etc. It means the disease, regular injury or complication which caused death.) who ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stating the UNDERLYING CONDITION lost. physician before the remains Was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE No physician DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING where 218. PLACE OF INJURY le.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location) home, larm, factory, street, office bldg., INJURY OCCUR? OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examiner) be obtained (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY (except While At Not While (APPROX.) and Work At Work 22. I certify that (I) (this hospital) attended the deceosed from death); that (1) (we) lost saw the deceased alive an. 65 and that in (my) (port) apinion death occurred an the date hospital must ond hour and from the couses stated above. (1) (We) (did not) view the body after death. 23A-SIGNATURE 238, DATE SIGNED Attending [] M.D. Med. Stoff 0 Phys. Director ___ approval Phys. 0 230 PHYSICIAN'S 23D. ADDRESS eceased prior at D.O.A. 24A. BURIAL CREMATION 2 REMOVAL (Specify) written 6 BALTO 1 CEM. 54 -66 Was 25A. DATE REC'D BY HEALTH DEPT.

If Under 24 Hrs.

Hours

INTERVAL BETWEEN ONSET AND DEATH

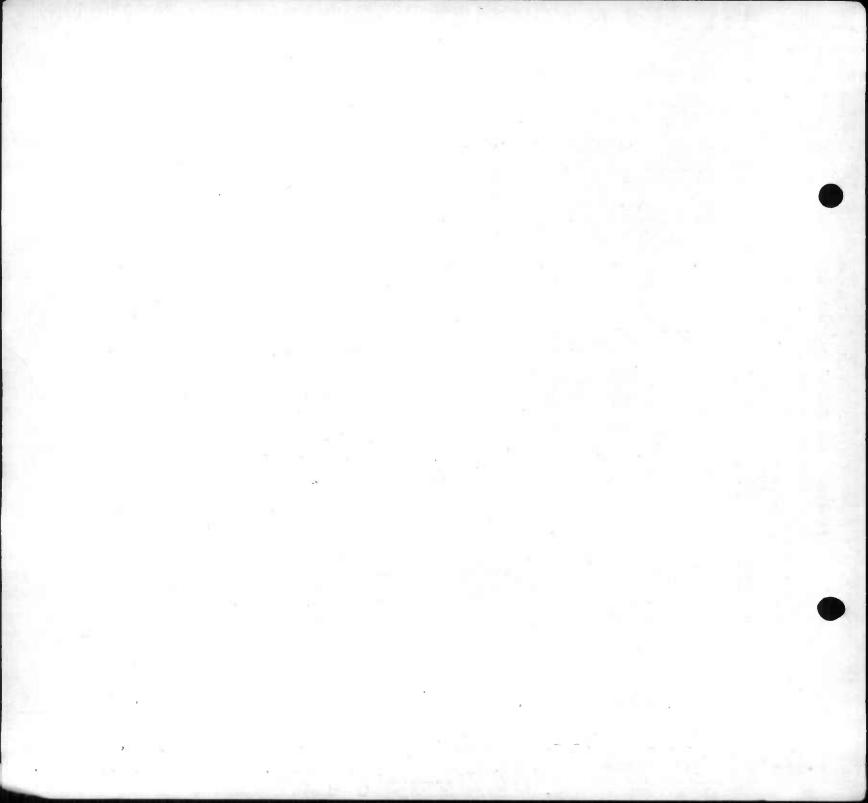
ADDRESS 1735 HARFORD

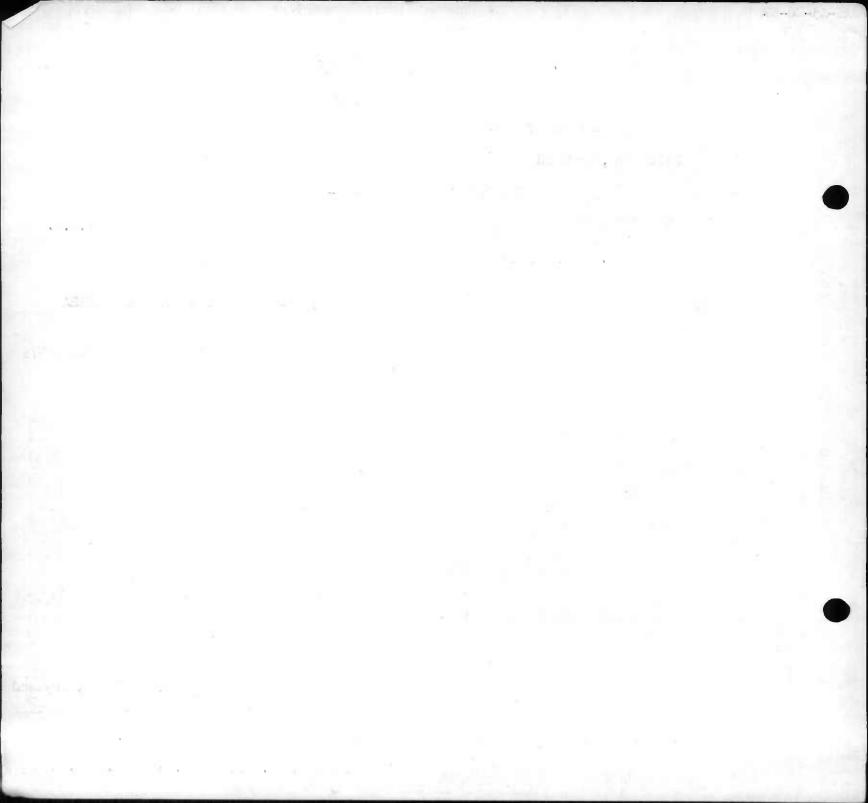
12. CITIZEN OF WHAT COUNTRY?

ADDRESS



66 00011	BALTIMORE CITY	HEALTH DEPARTMENT	66 000 11
BIRTH NO.	CERTIFICA	TE OF DEATH Registered	No.
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AND HOUR OF D	EATH
(Type or Print) Kohlerman, 1	Mr. Harry A.	Jan. 2,19	66 3:40 A.A
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceased liver	
		Maryland	13-17
FULL NAME OF (If not in hospital or instit oddress or location)	ution, give street	C. CITY OR TOWN (If outside city limits,	wite RURAL and give township)
INSTITUTION	, ,	Baltimore	
Keswick	Home	D. STREET ADDRESS (If rurol, give location	on)
		1 700 West 40世 9	Street
5. SEX 6. RACE 7. MA	RRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In year	s If Under 1 Yr. If Under 24 Hrs Months: Days Hours Min.
	artied (specify)	Jan. 26,1885 So 41	Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B. KI		11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired) Law 48 +		Maryland	U. S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	U. 3.A.
Nicholas J. Kohl	A 1- va a 10	^	
		Mary Gareis	
15. Was Deceased Ever in U. S. Anned Forces? (Yes, no or unknown) (If yes, give wor or dotes of se	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	NONE	Keswick Home Re	cords - H. Lean, W. M.
18. 2.3 4 X	CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	0	7	ONSET AND DEATH
LEADING TO DEATH	(A) Carl	Preschote Heart Dises	rae / Ma
This does not mean the made of dying, heart failure, asthenia, etc. It means the dis	e.g., DUE TO		
injury or camplication which caused death.)	O2	A A & .O	
ANTECEDENT CAUSES	(B)	ebral attrivi Choses Sev	188 3 718
DISEASES OR CONDITIONS, il any,			0
rise to the above cause (A) stating			
UNDERLYING CONDITION last.			
Z	NITING.		
OTHER SIGNIFICANT CONDITIONS CONTRIB	O THE	nichetron	
DISEASE OR CONDITION CAUSING IT.	FOR WHICH OPERATION		WERE FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED			G CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID (If in B.	altimore City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (nutify medical examiner)	home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?	
<u>o</u>			
OF INJURY (Month) (Doy) (Year) (Haur		21F. HOW DID INJURY OCCUR?	
<pre>(APPROX)</pre>	White At Work At Work		
22. I certify that (I) (this hospital) offer	ded the deceased from	/12 19 61 to	1/2 19 66
that (I) (we) lost saw the deceased aliv-	7/2	66	r) opinian deoth occurred on the do
The second secon		,,, (a, opinian deem occorred on me de
and hour and from the couses stated obc	ove. (I) (We) (did) (did not)	view the body after deoth.	238. DATE SIGNED
(C) 4 10.0	M.D. At	ending Med. Stoff	
1. Hunri wice	A) Ph	rs. Director Phys.	1-3-66
23 C. PHYSICIAN'S NAME (Type)	V	23D. ADDRESS	
E. Hunter Wilson, Jr.	M.D.	The Keswick 700 Wes	t 40th. Street
	24C. NAME of CEMETERY of CI	EMATORY 24D. LOCATION	(City, town, or county) (State)
1 1	0.1	011.	M.1
25A. DATE REC'D BY HEALTH DEPT. 25B. N	AME OF REGISTRAR	y emetery Baltime	one, IIId.
JAN 3 1966 P. P. A. 2.	F. D. MA	Leonard J. Ruck II	nc Baltimore. Md.
VS 150-REV. 1/1/65	Sichoeorian	0 0	

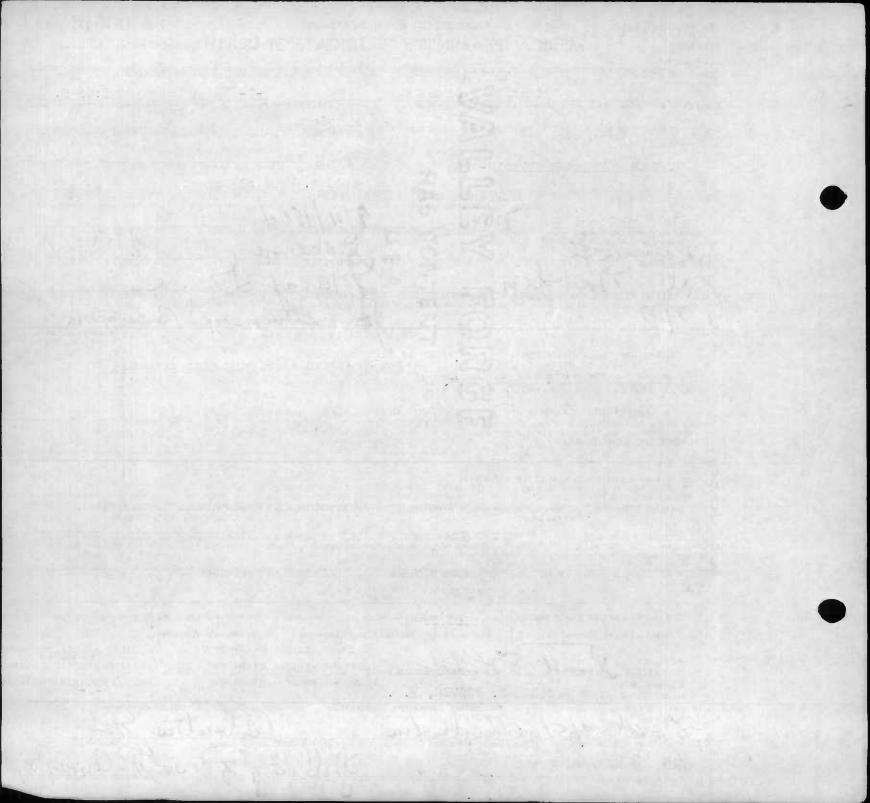




00 00010	DALTIMORE CIT	Y HEALTH DEPARTMENT		6 0000
BIRTH NO. M.E. CASE NO.	CERTIFICA	ATE OF DEATH	Registered No.	6 00013
1. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	2 40
3. PLACE OF DEATH IN BALTIMORE MARYLAND	K.	THE HELLAL BESIDENCE (When	166	S: A M
FULL NAME OF (If not in haspitol or institution, HOSPITAL OR address or location)	MD,	TY	URAL and give township)	
Union Memorial Hospi	tal	D. STREET ADDRESS (If	was Rd	The second second
5. SEX 6. RACE TAMABRIES WIDOW	NEVER MARRIED ED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
A. USUAL OCCUPATION (Give kind of work 108, KIND Cone during mast of working life, even if retired) +ouse wrte	DF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Store or foreign Lithuania	,	12, CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ΜE	
Atten Vincent Kri	•	Mary Ma	atulevicl	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war ar dates of service)	1 6. SOCIAL SECURITY NO.			ADDRESS
No		Mr. Joseph B.	· Allen	(Same)
18. 153.31	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	0	, (n	ONSET AND DEATH
LEADING TO DEATH	(A) Ca	ncinoma of	sigmord Col	of 6 montes
(This does not mean the mode of dying, e.g. heart failure, asthenia, etc. It means the disease		V		
injury or complication which caused death.)				100
ANTECEDENT CAUSES	DUE TO	,	00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
DISEASES OR CONDITIONS, if any, giving				
rise to the above cause (A) stating the UNDERLYING CONDITION lost.	e (C)		***************************************	
11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	NG HE			
19A. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
U 21 A. ACCIDENT WAS UNDERLYING 21	me, farm, factory, street,	in or obout 21C. WHERE DID affice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
O 21D. TIME (Month) (Doy) (Year) (Hour) 21	E. INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?	
	hile At Not Wh			
W	ork At Work		, 65 to Sa	11
22. I certify that N (this hospital) attended	7	11		
that (W) (we) lost sow the deceased alive on		,	ot In (my) (our) opin	ion deoth occurred an the dat
ond haur and fram the couses stated above.	(h)(We) (did) (did not)	view the body ofter deoth.		
23A. SIGNATURE			/	23B. DATE SIGNED
7.3.11			Sloff Phys.	Jan 1, 1966
23C. PHYSICIAN'S ZUTZANG HS	S U M.D.	23D. ADDRESS Union	(emorial	Hosp.
24A. BURIAL CREMATION, 24B. DATE 24C.N	AME of CEMETERY of CI		CATION (City	, tawn, or county) (State)
Burial 1/4/66. Hol	Ly Redeemer	Cemetery	Baltimore	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME	OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
JAN 3 1966 P.D. & E. J	alber MA	Leonard J. F	Ruck Inc. 1	Balto. Md. 2121
VS 150-REV. 1/1/65	9 6 6 0	0 0 0"	Ç.o	

VS 151-REV. 1/1/65

BIRTH NO. MEDICAL EXAMINER'S	S CERTIFICATE OF DEATH Registered No.
M.E. CASE NO.	
1. NAME OF DECEASED TAYLOR	2. DATE AND HOUR PRONOUNCED DEAD
DELIA SIMMONS 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3 1-2-66 11:45 P. M. [4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
of Figure 1 and 1	A. STATE Maryland B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREE' ADDRESS OR LOCATION) INSTITUTION	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
INSTITUTION .	Baltimore 9702
JOHNS HOPKINS HOSPITAL - DOA	D. STREET ADDRESS (If rurol, give location)
	2816 E. Federal Street
5. SEX 6. RACE 7, MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr, II Under 24 Hrs. Months, Doys Hours Min.
Female Colored	9/11/1904 61
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR IND done during most of working lite, even if petired)	
1 Douslivell	Wabanga VI, S. C.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
the Hunden	Maraf & ase
YS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL YES, no-on-up/knows/(If yes, give wor or dotes of service) SECURITY NO.	NY. INFORMANT ADDRESS
1) H	John Strenson, Balty ma.
18. 14.14.3 Y	AUSE OF DEATH INTERVAL BATWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	U STATE STATE
LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO	Hypertensive cardiovascular disease
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	
ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING OUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
Z (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION WAS PERFORMED	1 20A, AUTOPSY? (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	NO IN CERTIFYING CAUSES OF DEATH?
₹ 21A, EXTERNAL CAUSE WAS 21B, PLACE OF INJURY	(e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) treet, office bldg., INJURY OCCUR?
UNDERLYING OR CONTRIB-	reel, omce blag, NJOKY OCCOK?
21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCU	RRED 21F, HOW DID INJURY OCCUR?
OF INJURY (APPROX.) WHILE AT WORK	NOT WHILE AT WORK
22.	
I certify that I held on Inquiry Inspection X	Autopsy and that on this basis, death in my opinion
resulted from: Notural couses X Accident S	Suicide Homicide Undetermined manner
ACTUAL DO School	CHIEF MEDICAL EXAMINER K
SIGNATURE JUSSELL O JANUAR	_M.D. ASSISTANT MEDICAL EXAMINER
RUSSELL S. FISHER, M	I.D. ASSOCIATE MEDICAL EXAMINER 1-3-66
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEME	
REMOVAL ISOCITIVE 1/5/6/6	in la Victoria mol.
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C, FUNERAL DIRECTOR ADDRESS
JAN 3 1966 Robert E. Jahr	1) 11 . c (X 20 20 11) Canon S



VS 150-REV. 1/1/65

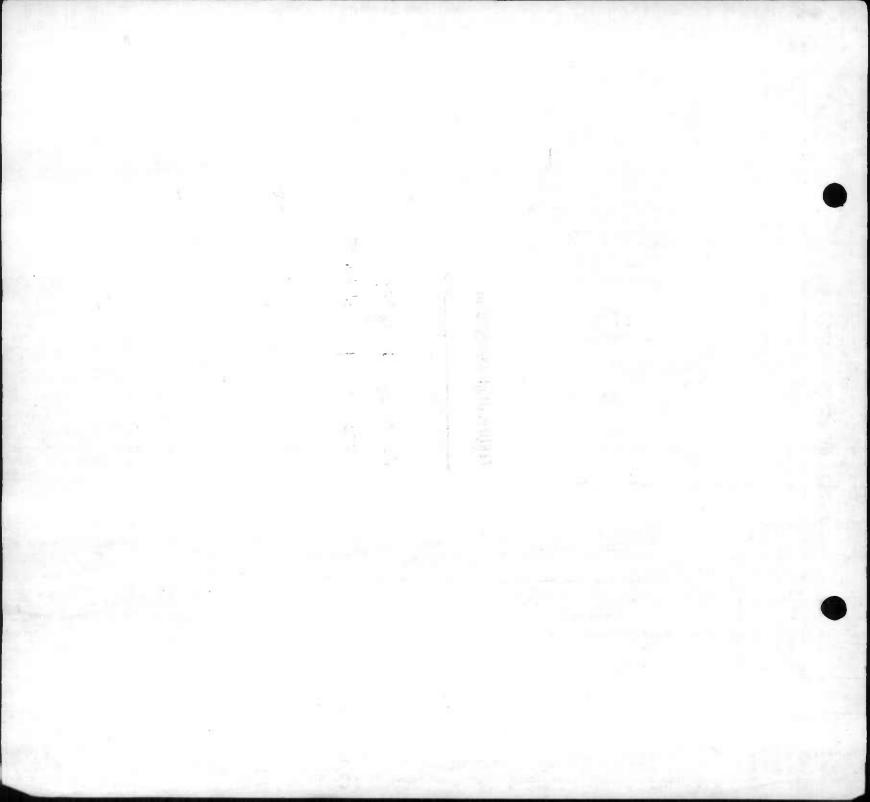
		BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO. M.E. CASE NO.	66 00015	CERTIFICA	TE OF DEATH	Registered No.	3 00015
1. NAME OF DECE	ASED NCE CHARLE TH IN BALTIMORE MARYLAND	S SMITH	JAN.	1, 1966	1220 A
FULL NAME OF HOSPITAL OR INSTITUTION		tian, give street	MARYLAND	3.1	titution: residence before admis
UNION	V MEMOLIA	C HOSPITAL	D. STREET ADDRESS (III) 46/4 MAI	rural, give location)	AUE
M	CAUCASIAN	QWED, DIVORCED (specify)	1/24/19	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Months Days Hours M
OFF SE7	PATION (Give kind of work 108, KIN orking life, even if retired) PREST MAN	D OF BUSINESS OR INDUSTRY	11. ASIRTHPLACE (State or fare)	VANIA	12. CITIZEN OF WHAT COUNTRY?
FOARD S. Wos Deceased E (Yes, no or ynknown)	E SMTG Ever in U. S. Armed Forces? If yes, give war or dots of serv	2/7-05.9320	ANNA KO	ONVEL	NIKA ADDRESS
18. 420	1 1	CAUSE OF	DEATH	<u></u>	INTERVAL BETWEEN
	OR CONDITION DIRECTLY	Ari	TE MYOC	APRAI	2 HOURS
other signification	CONDITIONS, if any, gi abave cause (A) stating CONDITION tost.	TING		•	
DISEASE OR C	ONDITION CAUSING IT.	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE FILL IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTE	WAS UNDERLYING DING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, affi	or about 21C. WHERE DID ce bldg., INJURY OCCUR?	(If in Baltimore	City, give exact lacation)
OF INJURY	Month) (Doy) (Yeor) (Hour)	21 E. INJURY OCCURRED While At Not While Work Not Work	21 F. HOW DID INJU	URY OCCUR?	
tho <u>t (I) (</u> we) I		ed the deceased from PB	19 65 ond the		N. 19 6 Ion death occurred on the
23C. PHYSICIAN NAME HA	RLES E. BORING	м.р.	Director UNION MEMER	Stoff Phys. MEMOR	Jan 1, 1963 AL HOSPITAL
BURIAL	1-4-1966	C. NAME OF CEMETERY OF CREA		LTIMORE	, town, or county) (Sto
JAN	3 1966 (P. 0. 1258. NAI	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	4 Seits	ADDRESS

CARRELINE CHARCES SHOTH SIN 1, YES 164K15-1-100 BALTIMORE UNION NEWDRING NOSPITAL YOIY MAINFACED ACE J4 64/42/1 ly CACCARAL M PENNSALVAMA OFFSET PREDARY FORKO E. SMITH HONDEL W. UNERDOWN - UNRADOWN CRART ACUTE MYDCARDIC MEARCHON N. C.

THE PERSON THEFT I SEE TAKEN THE SEE TAKEN

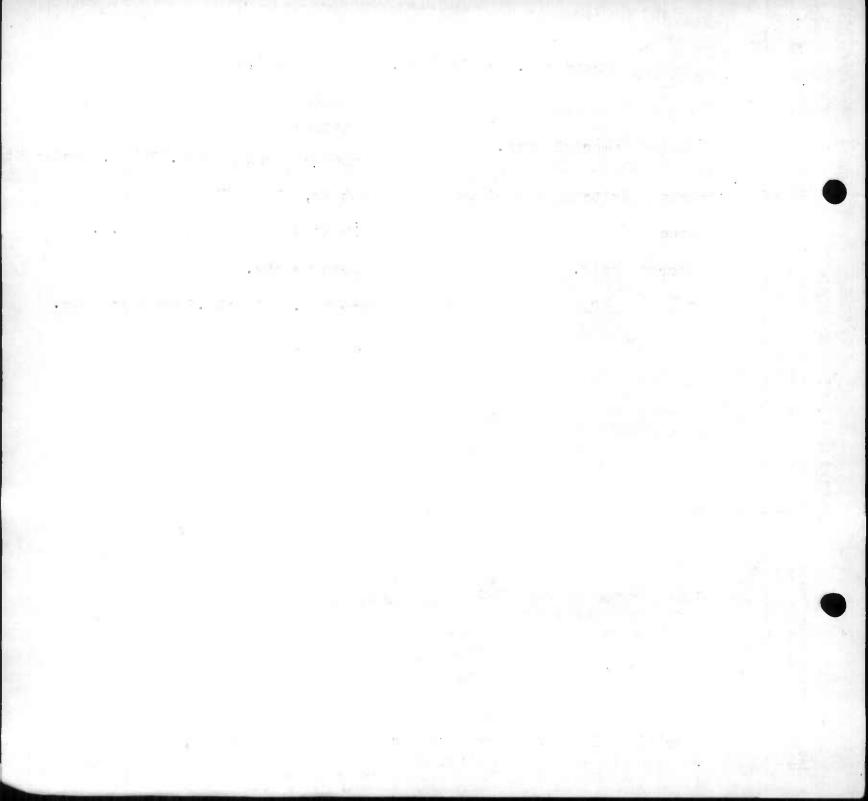
	4	1
	FUNERAL DIRECTOR: IMPORTANT	-
This certificate must be appro	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	
the body was released to the	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	10
was D.O.A. at a hospital (exc	snows: (1) An accident of any nature; (2) body borns; (3) A tracture of any kind; (4) Underermined cause; (3) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the)
deceased prior to death); and	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	7
written approval must be obt	stained before the remains are embalmed or final disposition is made.	

BALTIMORE CIT	Y HEALTH DEPARTMENT 66 00016
	ATE OF DEATH Registered No. 00 00016
M.E. CASE NO. 1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(Type or Print) BENJAMIN DAVIS	JAN 1 1966 8 AM.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	A. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or tocotion)	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
Institution University Gospital	Baltimore
Baltimore 1, Md.	D. STREET ADDRESS (If rurol, give location)
	1405 Myrtle Ave.
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8-23-94 PAGE (In years of Months Days Hours Min.
IDA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR done during most of working lile, even if retired)	Y 11. BIRTHPLA CE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY?
UNKNOWN	V.S. A. U.S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
UNKNOWN	UNKNOWN
15. Wos Deceosed Ever in U. S. Armed Forces? 16. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECONTY NO.	FANNIE HARRIS 806 RIDGELEY ST.
ONKNOWN P	FANNIE HARRIS 806 RIDGELEY ST.
DISEASE OF CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH	magsture heart failure Underson
(This does not meon the mode of dying, e.g., A DOME TO	8
injury or complication which caused death.)	lionegaly, marked + generales of
DISEASES OR CONDITIONS, if ony, giving 5	
rise to the obove cause (A) stating the UNDERLYING CONDITION last.	luknown Cause.
UNDERCTING CONDITION last,	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
O THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	, IAAA
198. CONDITION FOR WHICH OPERATION WAS PERFORMED NONE	20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21 A. ACCIDENT WAS UNDERLYING	in or obout 21 C. WHERE DID (If in Boltimore City, give exect locotion)
DEATH (notify medical examines)	office blog / INJURY OCCUR?
21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROXI) DEC 25 15 16 While At Work At Work	
22. I certify that (I) (this haspital) attended the deceased fram	seem 20 19 65 10 Jan 1 1966,
that (1) (we) last saw the deceased alive on	19 6 ond that In(my) (aur) opinian death accurred on the date
and hour and fram the causes stated abave (1) (We) (did) (did nat)	
23A. SIGNATURE HALL KOMMAND. A. M.D. A.	ttending Med. Stoll Stoll
23C. PHYSICIAN'S	ttending Med. Stoll Adult, 1966
NAME (Type) VENINGUE GRAU M.D	111 2 + 11 + 1
24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY 94 C	The state of the s
BRINOVAL (Specify) 1/6/65 not Par	wen Brooklyn Ind
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF RECISTRAN	25C. FUNERAL DIRECTOR ADDRESS
JAN 4 1966 Robert E. Jarbuma	charles a Kice 661W Barrest
VS 150-REV. 1/1/65	0 0 1 4



	CITY HEALTH DEPARTMENT
BIRTH NO. 66 00017 CERTIFI	CATE OF DEATH Registered No. CC ODOLLY
M.E. CASE NO. I. MAME OF DECEASED MRS. LOTTIE: BENNETT	RUPKE 2. DATE AND HOUR OF DEATH 2.5
Type of Print Burke. XXXXXX Lottle	BENNETT 1-2-66 / am. M
3. PLACE OF DEATH IN BALTMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased fixed, II institution; residence before admission) A. STATE B. COUNTY
FULL NAME OF (If not in hospital or institution, give street	1115 LAUNDA AVE
HOSPITAL OR oddress or locotion)	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
	Balto. 29 Md.
B, San Hay	D. STREET ADDRESS (If turol, give Tocotion)
BON Secours Hospital	8. DATE OF BIRTH 04 9. AGE (In years If Under 1 Yr., If Under 24 His.
WIDOWED, DIVORCED speci	(y) 8. DATE OF BIRTH 84 9. AGE (In years If Under 1 Yr. If Under 24 His. Months: Doys Hours Min.
DA, USUAL OCCUPATION (Give kind of work) WS. KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Store or foreign country) 12. CITIZEN OF
one during most of working life, even if retired)	WHAT COUNTRY?
Retired BUYER - ROSENTHALS	Baltimore, Md. U.S.A.
FATHER'S NAME	14. MOTHERS MAIDEN NAME
EDWARD L. BENNETT	MARTHA ?
S. Was Deceosed Ever in U. S. Armed Forces? 'es, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
	BARBARA A. STEINER 306 WENDOVER ROAD
18. 3 3 XI CAU	SE OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH	Cerebral Thrombosis Essential Hypertension
(This does not mean the made of dying, e.g., DUET heart foilure, asthenia, etc. It means the disease,	0
injury or complication which caused death.)	Garantia O Home &
ANTECEDENT CAUSES (B) DUE T	o security of feetens, on
DISEASES OR CONDITIONS, if any, giving	
rise to the above couse (A) stoling the (C) UNDERLYING CONDITION lost,	
II .	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A ACCIDENT WAS UNDERLYING TO 121B BLACE OF INJURY	1 NO
OR CONTRIBUTING CAUSE OF home, loim, foctory, str.	(e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) eet, office bldg., INJURY OCCUR?
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRE	7
(APPROX.) While At No	While Work
22. I certify that (±) (this haspital) attended the deceased from	Mecenter 10 1965 10 gaming 2 1966
that (I) (we) lost sow the deceased alive on January	2 19 6 6 and that in(my) (our) opinion death occurred on the date
ond hour and from the couses stated above. (1) (We) (dld) (did	
long nour and from the couses stated above. (1) Peter (ala) (ala)	
23A. SIGNATURE M.D	Attending Med. Stell 6
Samuel C. Cluso M.D	Attending Med. Stoll Phys. 4 Am., 2,1966
23A. SIGNATURE	Attending Med. Stell 6
23A. SIGNATURE Samuel C. Cluso 23C. PHYSICIAN'S NAME (Type) SAMUEL C: CHUO	Attending Med. Director Phys. Stoll Phys. Stoll Phys. Stoll Phys. Stoll Phys. Stoll Phys. Secours Hoop. Both. M.
23A. SIGNATURE Samuel C. Clueo 23C. PHYSICIAN'S NAME (Type) SAMUEL C: CHUO	Attending Med. Director Phys. 4 Jan, 2, 1966 Attending Med. Director Phys. 4 Jan, 2, 1966
23A. SIGNATURE Samuel C. Cluso 23C. PHYSICIAN'S NAME (Type) SHMUFL C CHUO 4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY	Attending Med. Stoll Phys. 23B. DATE SIGNED 23D. ADDRESS M.D. Bon Secours Horp. Boto. Md. or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
23A. SIGNATURE Samuel C. Cluso 23C. PHYSICIAN'S NAME (Type) SAMIFL C: CHUO 24A. BURIAL CREMATION, 24B. DATE BURIAL 1/5/66 LOUDON PA	Attending Med. Stoll Phys. Fam., 2, 1966 23D. ADDRESS M.D. Bon Secours Horp. Boto. M., or CREMATORY 24D. LOCATION City, town, or county) (Stote)
23A. SIGNATURE Samuel C. Chico 23C. PHYSICIAN'S NAME (Type) SAMUEL C. CHUO 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY BURIAL 1/5/66 LOUDON PA	Attending Med. Stoll Phys. 23B. DATE SIGNED 23D. ADDRESS M.D. Bon Secours Hop. Boto. M., of CREMATORY 24D. LOCATION (City, town, or county) (Stote) RK BALTIMORE. MD.





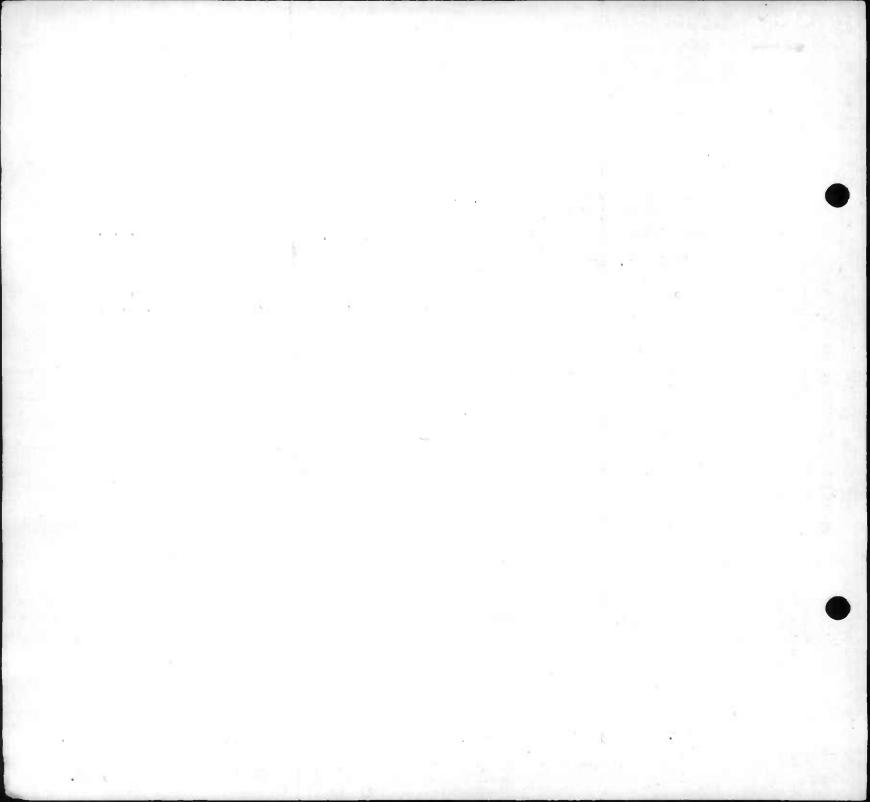
BALTIMORE CITY HEALTH D	
BIRTH NO. 66 00019 CERTIFICATE OF	DEATH Registered No. 66 00019
M.E. CASE NO. 1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(Type or Printy WILLIAM WENRY GERLACH JK	JAN. 1, 1966 1020 A.
A. STATE	RESIDENCE (Where deceased lived. If institution: residence before admissions B. COUNTY
FULL NAME OF (If not in hospital or instilution, give street HOSPITAL OR oddress or location)	TOWN (If outside city limits, write RURAL and give township)
THE STATE OF THE S	
D. STREET	
UNION UEMORIAL HOSPITAL MA	TON ROAD 21154
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	
M CAUCASIAN M 1/28	106 59
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPL	A CE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
DIARY FARMER FARMING 14. MOTHE	IRVLA ND USA
3. FATHER'S NAME 14. MOTHE	S MAIDEN NAME
WILLIAM HENRY GERLACH SR RE 15. Was Declared Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORM	A ROBINSON
5. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORM Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	ANT ADDRESS
UNKNOWN NO UNKNOWN CHA	RT
18. 420, / I 218-32-10149SE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	1/
LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO	YOCARDIAL 16 PAYS
heart failure, asthenia, etc. II means the disease, injury or complication which coused death.)	RETION
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, if any, giving	_
ONDERLING CONDITION 1651.	
O THE SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	OPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21	C. WHERE DID (If in Boltimore City, give exect locotion)
OR CONTRIBUTING CAUSE OF home, form, loctory, street, office bldg., IN	JURY OCCUR?
U	THOW DID HILLIAN A COURT
OF INJURY	F. HOW DID INJURY OCCUR?
Work At Work	
22. I certify that (1) (this haspital) attended the deceased fram 12/16/	1
that (I) (we) last saw the deceased alive an	ond that in(my) (our) apinion death occurred on the do
ond hour and from the couses stated above. (1) (We) (did) (did not) view the bo	dy ofter deoth.
23A. SIGNATURE	23B DATE SIGNED
Clarle & Boring On. M.D. Attending Phys.	Med. Director Phys Meu . 1. 1965
23C. PHYSICIAN'S NAME (Typel	
CHARLES E. BORING, GR. M.D. UN	ION MEMORIAL HOSPITAL
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY REMOVAL (Specily)	24D. LOCATION (City, town, or county) (Stotel
Burial 1-4-1966 Parkwood Cemetery	Baltimore, Co. Md.
The same services and the same services are same services and same services are same services are same services and same services are same	A - A
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FU	NERAL DIRECTOR ADDRESS (34)
JAN 4 1966 R. C. L. Salvey La	sooker Juneal Home 140/Belaw Re

ON OFFICE AND STRFET JAION MENORING HOSPITAL MACTON POAD 21154 1/2/06 5-9 M CACASIAN M DIARY FARMER FARMING MARYLAND WILLIAM HENRY GERLACH, SR REA ROBINSON UNKNOWN UNKNOWN CHART 16.405 ACUTE MYSI MY SOLAL

<01	BALTIMORE CI	TY HEALTH DEPARTMENT	V-2
BIRTH NO. 66 001	O20 CERTIFIC	ATE OF DEATH Registered N	66 00020 −
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) DA LITON 3. PLACE OF DEATH IN BALT		2. DATE AND HOUR OF DEA	
3. PLACE OF DEATH IN BALT FULL NAME OF (If not	, VICTORIA Jane	1/2/66	2:24 P. M
3. PLACE OF DEATH IN BALT	MORE MARYLAND	4. USUAL RESIDENCE (Where doceosod fived.	If institutions residence before edmission)
	in hospital or institution, give street s or location)	C. CITY OR TOWN (If outside city limits, we	ite RURAL and give township)
W/	HOSP, OF MARY LAND	BALTIMORE D. STREET ADDRESS (If rurol, give location)	- A
S. SEX 6. RACE	He si to I horry CAND	200 BLOUMS BUR	
S. SEX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
FEULLI WI	WIDOWED, DIVORCED (specify) ITE WIDOWED kind of work 108, KIND OF BUSINESS OR INDUST	10-27-82 lost birthdoy1	Months Doys Hours Min.
10A. USUAL OCCUPATION (Giv	kind of work 108, KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Wife	own home	Penna.	U.S.A.
13. FATHER'S NAME	0 th 120me	14. MOTHERS MAIDEN NAME	
William B. Tr	oy	Sarah Ann Stephens	
15. Wos Deceosed Ever in U. S (Yos, no or uaknown) (If yos, give	Armed Forces? 16. SOCIAL	17. INFORMANT 607 Walr	ADDRESS
(105,110 of anknown) (11 yos, give	wor or dotes of sorvice) SECURITY NO.	Mrs. Jean Serf. Baltimor	e. Md. 21220
18. 11 11 3 11	CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OF CON			ONSET AND DEATH
LEADING 1		NGEGTIVE HELPT FAILL	RE
(This does not mean th		NGEGTIVE HEART FAILL	
heart failure, asthenia, et		- 1	
ANTECEDEN	T CAUSES (B)	PNEU MONIA	
DISEASES OR CONDIT	ONE II		
ise la lhe obove	ause (A) slating the (C) 4	HYPERTENSIVE HEART I	PISEASE
UNDERLYING CONDITION	ON lost,	,	
Z OTHER SIGNIFICANT COL			
TO THE DEATH BUT DISEASE OR CONDITION	IDITIONS CONTRIBUTING NOT RELATED TO THE CAUSING IT.		
	198. CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yos o No) 20 B. IF YES, WI	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
O ERT			
OR CONTRIBUTING CA	DERLYING 218, PLACE OF INJURY (e.g	offico bldg., INJURY OCCUR?	more City, give exect locotion)
O DEATH (notify modical axe	miner) etc.)		
OF INJURY	Poy) (Year) (Hour) 21E, INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?	
(APPROX)	While At Not W		
22. I certify that (1) (th	is hospital) ottended the deceosed from	12-27 1965 to	1-2 1966
	ne deceosed olive on / - 2	h //	
		, , , , , , , , , , , , , , , , , , , ,	opinion deoth occurred on the dot
	ouses stated above. (I) (We) (did) (did not) view the body ofter deoth.	land DAY Closes
23A. SIGNATURE	0	Hending C Med C Stoff C	23B. DATE SIGNED
Jahla	Cuijada M.D.	hys. Director Phys.	1/2/66
23C. PHYSICIAN'S NAME (Typo)		23D. ADDRESS	
HARRY	S. GIMBEL M.	D.	
24A. BURIAL CREMATION, 24	B. DATE 24C. NAME of CEMETERY OF	CREMATORY 24D. LOCATION	(City, town, or county) (State)
23C. PHYSICIAN'S NAME (Typo) HARRY 24A. BURIAL CREMATION, 24 REMOVAL (Spocify) Burial	/5/66 Philos	Westernort	md.
25A. DATE REC'D BY HEALTH		25C. FUNERAL DIRECTOR	ADDRESS
IAN 4 19	BB P P B France		esternport, va
II .IAW 生 17	DU COMPANY OF A COMPANY OF		vermort. Wa

VS 150-REV. 1/1/65

t FINDINGS CONSIDERED e City, give exect locotion) 19 66 nion deoth occurred on the dote 238, DATE SIGNED (Stote) ity, town, or county) Westernport md. 25C. FUNERAL DIRECTOR ADDRESS Westernport,

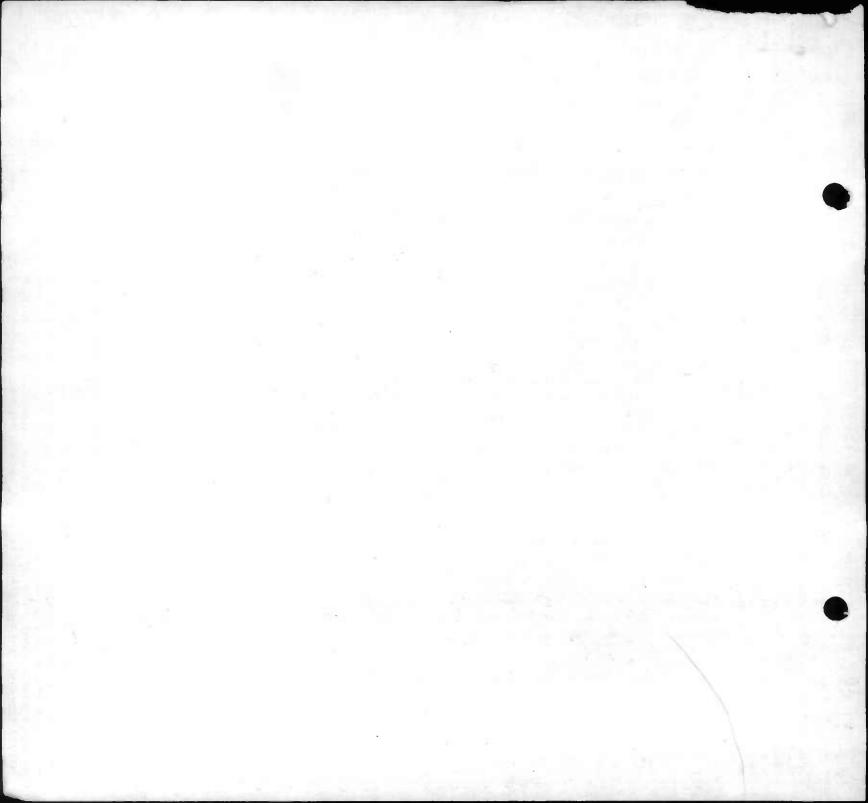


VS 150-REV. 1/1/65

Such

prior to death.

	66 00021	BALTIMORE CITY	HEALTH DEPARTMENT	CC 00094
BIRTH NO	0.	CERTIFICA	TE OF DEATH Registered No.	66 00021
1. NAME (Type or	OF DECEASED	s. Eleanora	2. DATE AND HOUR OF DEAT	H 15
3. PLACE	E OF DEATH IN BALTIMORE, MARYL		4. USUAL RESIDENCE (Where deceased lived. If A. STATE B. COUNTY	institution: residence before admission)
HOSPI"	NAME OF (If not in hospital ar i ITAL OR address or location)	institution, give street	Maryland C. CITY OR/TOWN (If outside city limits, with	CY - 07
17/	Mercy Hospi	tal	D. STREET ADDRESS (If jurol, give location)	
5. SEX	6. RACE 7.	MARRIED, NEVER MARRIED	1537 ENSON ST.	If Under 1 Yı. If Under 24 His.
F	- NACL	WIDOWED, DIVORCED (specify)	2-13-97 lost birthday	Months Days Hours Min.
done durin	AL OCCUPATION (Give kind of work 10 ng most of working lite, even if retired)		11. BirthPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	sewife		Virginia	U. J. H.
(4);	lliam Henry	Jefferson	Mary Frances	Cuffy
15. Wes (Yes, no or	Deceosed Ever in U. S. Armed Forces runknown) (If yes, give wor or dotes of	? 16. SOCIAL	17. INFORMANT	ADDRESS
18.	450.01	CAUSE OF	F DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECT	TLY R	and Shutdown	Shall 3 Co La
hear	s does not mean the made of dy nt failure, asthenia, etc. It means th	ring, e.g., DUE TO	enal Shutdown & esentaric Art. Occlus	11 ~1
Injur	ry as camplication which caused de ANTECEDENT CAUSES	(B) S, M	esentaricArt. Occlus	ion 48hrs
rise	EASES OR CONDITIONS, if any ta the abave cause (A) sl DERLYING CONDITION last.	, giving A	teriosclerosis	Soveral years
Z OTH	II HER SIGNIFICANT CONDITIONS CON	VIRILITING	1 .	
A DISE	THE DEATH BUT NOT RELATE EASE OR CONDITION CAUSING IT. DATE OF OPERATION 198. CONDIT WAS PERFORM	TO THE PRIOSE PT	20A. AUTOPSY? (Yes ar No) 20B. IF YES. WER	e Several years E FINDINGS CONSIDERED AUSES OF DEATH?
	ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 21 C. WHERE DID (If in Boltim	ore City, give exact location)
Q 21 D. OF IP	TIME (Month) (Doy) (Yeo) (NJURY	Haur) 21E, INJURY OCCURRED While At Not While Work		, ,
	certify that (1) (this haspital)	./ -/	1965 and that In(my) (our)	3 19 6 6 ,
		abave. (1) (Ve) (did) (did nat) v	The state of the s	
, , , , , , , , , , , , , , , , , , , ,	SIGNATURE	M.D. Atte	nding Med. Stoff	23B. DATE SIGNED
	PHYSICIAN'S NAME (Type)	Phy:	Director Phys.	1/3/66
24A. BUR	- V	M.D.		
24A. BUR REA	RIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY or CRE	MATORY 24D. LOCATION	City, town, or county) (State)
25A. DA	TE REC'D BY HEALTH DEPT. 25	B. NAME OF REGISERAR	25C. FUNERAL DIRECTOR	ADDRESS
	JAN 4 1966 (1)	Les E. Janky M. A.	Milton En Coliche	on 1129 M. Carolis



BALTIMORE CITY HEALTH DEPARTMENT 66 00022 Registered Na. BIRTH NO. CERTIFICATE OF DEATH Such (5) Deceased ance on the of death M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) A. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
B. COUNTY 3. PLACE OF DEATH IN BALTIMORE, MARYLAND hospital death. MARY lank cause (If outside city limits, write RURAL and give (Il not in hospital or institution, FULL NAME (3-16-66 oddress or locotion) C. CITY OR TOWN cause; attend 0 INSTITUTION Hospital 0 D. STREET ADDRESS 810 S-bes-4-144- Baltimore prior RESS (If rurol, give location)
810 Washington Lomand a Greene contributing occurred Baltimore , MARU) and Undetermined in regular is mad 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) 6. RACE B. DATE OF BIRTH 9. AGE (In years 5, SEX deceased lost birthdoy) 24, Never Married 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) disposition death done during most of working life, even it retired) MAKYland 13. FATHERS NAME Was the 14. MOTHER'S MAIDEN NAME 4 Chauncey /ambu eath 0 15. Was Deceased Ever in U. S. Armed Forces? or final (Yes, no or unknown) (If yes, give wor or dates of se SECURITY NO. attendance 218-09-400 0 -Mary ARMOUR any pronounced his DISEASE OR CONDITION DIRECTLY embalmed of LEADING TO DEATH fracture (This daes not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, regular examiner. injury at camplication which coused death,) who ANTECEDENT CAUSES DUE TO are DISEASES OR CONDITIONS, if ony, <u>e</u> rise to the obove cause (A) stoling the physician before the remains UNDERLYING CONDITION lost. the chief medical medical Was OTHER SIGNIFICANT CONTINUED TO THE DEATH BUT DISEASE OR CONDITION OF THE DISEASE OF OF THE OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? the 0 12/8/47 BLOY
21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF Lymphnie - Diagnosis Biopsyof (2) 21 B. PLACE OF INJURY (e.g., in ar about DIC. WHERE DID (If in Baltimore City, give exact location) where home, form, foctory, street, office bldg., INJURY OCCUR? to the hospital ° MEDICAL DEATH (notify medical examiner) etc.) nature; obtained (Month) (Doy) (Yeor) (Haur) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY approved (except While At Not While (APPROX.) Work At Work and any 22. I certify that (I) (this hospital) attended the deceased from January 19 60 60 99 that (I) (we) lost sow the deceased alive on... Januara ond that in (my) (port opinion death occurred on the date of death) hospital and hour and from the causes stated above. (1) (We) (did) (did not) view the bady ofter death. the body was released must accident 23A. SIGNATURE Attending Phys. M.D. Stoff 0 Director approval Phys. 0 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS prior certificate to M.D. HOWARD University HOSYS D.O.A. 24A. BURIAL CREMATION, 24B. 24C. NAME of CEMETERY OF CREMATORY eceased REMOVAL (Specify) written Was 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/65

If Under 24 Hrs. Hours : Min,

Hours

ONSET AND DEATH

3 months

23B, DATE SIGNED

2,1964

ADDRESS

23]

If Under 1 Yr. Months! Doys

12. CITIZEN OF

WHAT COUNTRY?

USA

Letter from Springfield State Hospital 3-16-66 M.H.

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death of shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the meaning are embalmed or final disposition is made.

65-31598	BALTIMORE CITY	HEALTH DEPARTMENT		20 00000 V
BIRTH NO. 66 00023	CERTIFICA	TE OF DEATH	Registered No.	66 00023
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print)	D .		D HOUR OF DEATH	
3. PLACE OF DEATH IN BALTIMORE MARYLAND	ENDY PATT	RICIA RESIDENCE (Where	deceased lived. If insti	tution; residence before admission)
		A. STATE B. COUNT		/
FULL NAME OF (If not in hospital or institution oddress or location)	n, give street	C. CITY OR TOWN (If outs	side city limits, write RU	RAL and give township)
Institution		GLEN	BURNI	E
& UNIVERSITY		D. STREET ADDRESS (If it	urol, give location)	R
	ED, NEVER MARRIED	100	AGE (In years	If Under 1 Yr. If Under 24 Hrs.
WIDOW WIDOW	VED, DIVORCED (specify)	12 18 65	osi billiooyi	Month's Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHILACE (Stote or foreig	gn country)	12. CITIZEN OF WHAT, COUNTRY?
13. FATHERS NAME	one	BALTIMO	ORE Md.	0.5.
RAYMOND STEC	7946	14. MOTHERS MAIDEN NAM AUDREY	ISLI	4
15. Was Deceosed Ever in U. S. Armed Forces? (Yes,no grunknown)(If yes, give wor or dole) of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT	1+	ADDRESS
No mand	0/	RATE HE	5	ame As. #4
18. 954. 5	CAUSE OF	DEATH	`	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		ONGEL TOL	HE no-	Ill Marc
(This does not meon the mode of dying, e. heart failure, asthenia, etc. 11 means the disease		N O COLLING	171-171	17 071
injury or complication which coused death.)	,	DISEASE		= 150
ANTECEDENT CAUSES	DUE TO			
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the course (A) stating the course (B) s				
UNDERLYING CONDITION lost.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.		1000		
198. CONDITION FO WAS PERFORMED	R WHICH OPERATION	20A. AUTOPSY? (Yes or No)	IN CERTIFYING CAUS	IDINGS CONSIDERED ES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	PIB. PLACE OF INJURY (e.g., in nome, form, foctory, street, off etc.)		(If in Boltimore C	City, give exact location)
W OF INTITIO	TE. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
≥ (APPROY)	While At Not While At Work			
22. I certify that (I) (this hospital) attended	the deceased from	2 31	965 10 1	19 66
that (I) (we) lost saw the deceased alive ar	1	19 and tho	ot in (my) (our) apinio	on deoth occurred on the dote
and hour and from the causes stated above.	(I) (We) (did) (did not) v	lew the body after death.		
23A. SIONATURE	M.D. Atte	nding Med.	Stoff	3B. DATE SIGNED
23C.PHYSICIAN'S	Phys 2	3D. ADDRESS	Phys.	100
NAME (Type)	M.D.	ULDI	WE RSIT	y Dass
	NAME of CEMETERY OF CRE	MATORY 24D. LO	CATION (City,	town, or county) (State)
Burial Jan-3/66	Glen Haven M.	emilark 6/	en Burn	re) Md.
JAN 4 1966 258. NAM	E OF REGISTRANDEUMAN	25C. EUNERAL DIRECTOR	1.1. 6	Ten Butme, Md.
4 1000 11000	4 6 0	1 10 100 100129	1870m) G	IE WENLEDI .



VS 150-REV. 1/1/65

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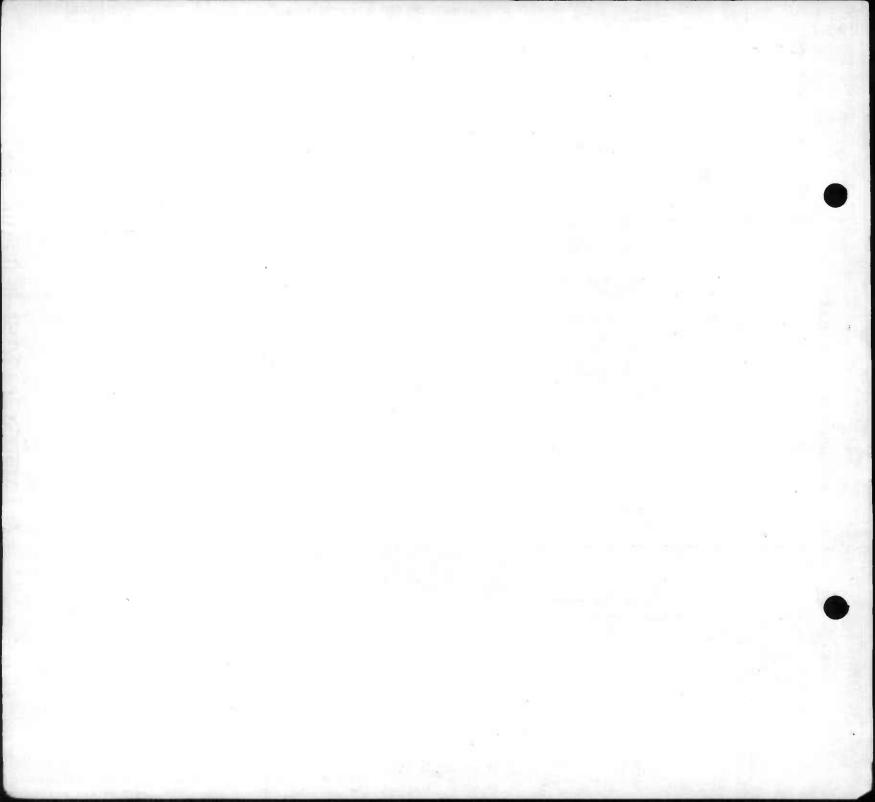
		Y HEALTH DEPARTMENT	00 0000
		TE OF DEATH Registered No.	66 00024
	M.E. CASE NO. T.NAME OF DECEASED (Type or Print) Charlotte Ricker	2, DATE AND HOUR OF DEATH	3 40 am.
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospitot or institution, give street oddress or locotion)	4. USUAL RESIDENCE (Where deceased lived. If inst. A. STATE B. COUNTY Md Balto City C. CITY OR TOWN (If outside city limits, write AU)	itulian: residence before admission) 2/-0/
ė	13 South Baltimore General Hospit	Baltimore	*30
s made	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) WIDOWED	B. DATE OF BIRTH 9-24-1870 9, AGE (In years tost birthdoy) 95	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
no	10A, USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even il retired)	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
SITI	House wite	Maryland 14. MOTHERS MAIDEN NAME	U.S.A.
sposition	John Ricker	Christina DeIsle	
0	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no of unknown)(If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT Lake Driv	e ADDRESS
tine	No None	R. Conley Ricker Bay Side B	
0	18. E 90 4. O 1	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ped	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Dreumonia	9 days
<u>E</u>	(This does not mean the mode of dying, each policy to the heart failure, asthenia, etc. II means the disease.		
emp	injury or complication which coused deoth,)	racture left hip	13 days
are e	DISEASES OR CONDITIONS, if any, gives		/
	rise to the obove cause (A) slating UNDERLYING CONDITION last.		
remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED		
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
efore the	1994. Date of operation was performed left hip	yes	NDINGS CONSIDERED SES OF DEATH?
pefol	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, form, foctory, street, of the contribution o	in or about 21 C. WHERE DID (If it Boltimore office bldg., INJURY OCCUR?)	City, give exact location)
ained	Q 21D, TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	01-01
btai	Work Al Work	10 10 15	
909	22. I certify that (I) (this haspital) attended the deceased from that (I) (we) last sow the deceased alive on an analysis of the deceased of the deceased from the deceased of the deceased from the deceased fro	19 6 ond that in (my) (our) opini	on death occurred on the date
0	ond hour and from the couses stated above. (1) (We) (did) (did not)		
must	23 A SIGNATURE M.D. AH	lending Med. Stoff	1-1-66
approval	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS	
ddi	M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CR	South Baltimore General	Hospital
9 2	REMOVAL (Specify)		, town, or county) (store)
writte	Burial 1/4/66 Mt. Olivet Cemeter 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTER	ery Balt9mote, Md.	aul St
3	JAN 4 1966 Propert E. Jankey M. N.	Um Cook-Brooks Inc Palti	mars Md 21202

Cook-Brooks Inc Baltimore, Md. 21202

South Rolling Come top a Tellimere 1133 Scott St. - 181-1870 Junalin Housewie John Ricker Frature lett hope 18 days and 12-23-65 Francisto 0p from 1133 har 12 19 65 3pm V FE 11 tome 30 Jan 1 20 6 Con M. Janghan

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased FUNERAL DIRECTOR: IMPORTANT

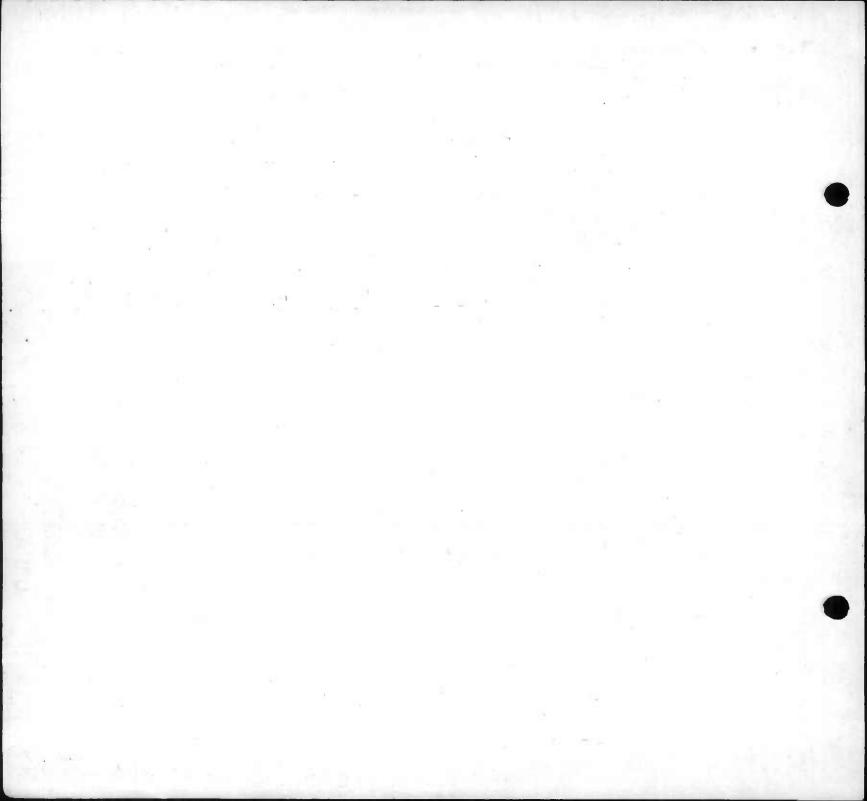
66-00232	BALTIMORE CITY	HEALTH DEPARTMENT		66 00025
BIRTH NO. 66 UUU25	CERTIFICA	TE OF DEATH	Registered No.	00 0002)
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) Corusts, Baby Boy	118-4	7-71 1 50	en 66	105% M
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where of A. STATE 8. COUNTY	deceased lived. If institu	tion: residence before admission)
FULL NAME OF (If not in haspital ar institution, give s	treet	BALTIMORE		X
THE JOHNS HOPKINS HOSPIT	ΓAL	C. CITY OR TOWN (If outsid	e city limits, write RURA	at and give lawnship)
601 N BROADWAY 21205		0. STREET ADDRESS (If rore 1206 WALDO	COURT	21202
5. SEX 6. RACE / 7. MARRIED, NEVI	ER MARRIED ORCED (specify)	B. DATE OF BIRTH 9.	AGE (In years If birthday)	Under 1 Yr. If Under 24 Hrs.
	NBORN	Jan 66	diniday/	11 00
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSI done during most of working life, even if retired)		11. BIRTHPLACE (State or fareign	Country) 1:	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
		ANNIE Z. C	COURTS	(16YRS)
	OCIAL SECURITY NO.	17. INFORMANT		ADDRESS
18. 773,51	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		- A	11	ONSEI AND DEATH
(This does not mean the mode of dying, e.g.,	(A) RC.	spiratory ins	uttiency	RINTL
hearl foilure, osthenia, etc. It means the disease, injury ar camplication which caused death.)	002.10	1		0 01
ANTECEDENT CAUSES	(B) 4	aline Mer	nbrane	Binth
DISEASES OR CONDITIONS, if ony, giving	DUE TO	aline Mer	ese	
rise to the obove couse (A) stating the UNDERLYING CONDITION last.	(C)	***************************************		***************************************
II				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.	Non	re		
198. CONDITION FOR WHICH WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE	0	100	208, IF YES, WERE FINE IN CERTIFYING CAUSES	S OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) hame, for etc.)	m, factory, street, of	fice bldg., INJURY OCCUR?	(If in Baltimare Ci	ly, give exact lacation)
# OF INJURY	JRY OCCURRED	21F. HOW DID INJUR	Y OCCUR?	
(APPROX) While At Work	An Work	•	Le	CO1 11
22. I certify that (I) (this haspital) attended the de	ceased fram	1 Jan 12 10m 19	6610 1/04	10 /PM19 66
that (I) (me) last saw the deceased alive an	on 1037	PM 19 6 6 and that	in (my) bothopinian	death accurred on the date
and haur and fram the causes stated above. (1)	(did) (did) v	lew the bady after death.		
23A. SIGNATURE Som Coustin	M.O. After	ending Med. Sto	off ys.	Date SIGNED
23C. PHYSICIAN'S NAME (Type) TOM AUSTIN		23D. ADDRESS THE JOH		
	M.D.	601 N BROADW	-	own, or county) (State)
REMOVAL (Specify)				
CREMATION 1-3-66 The J	ohns Hopk	pins Hos. Balt	imore Mary	/land
JAN 4 1966, P. D. & E.	Fallen MA	TOUR DIRECTOR		7.00423
VS 150-REV. 1/1/65		0 0 2 4		



VS 150-REV. 1/1/65

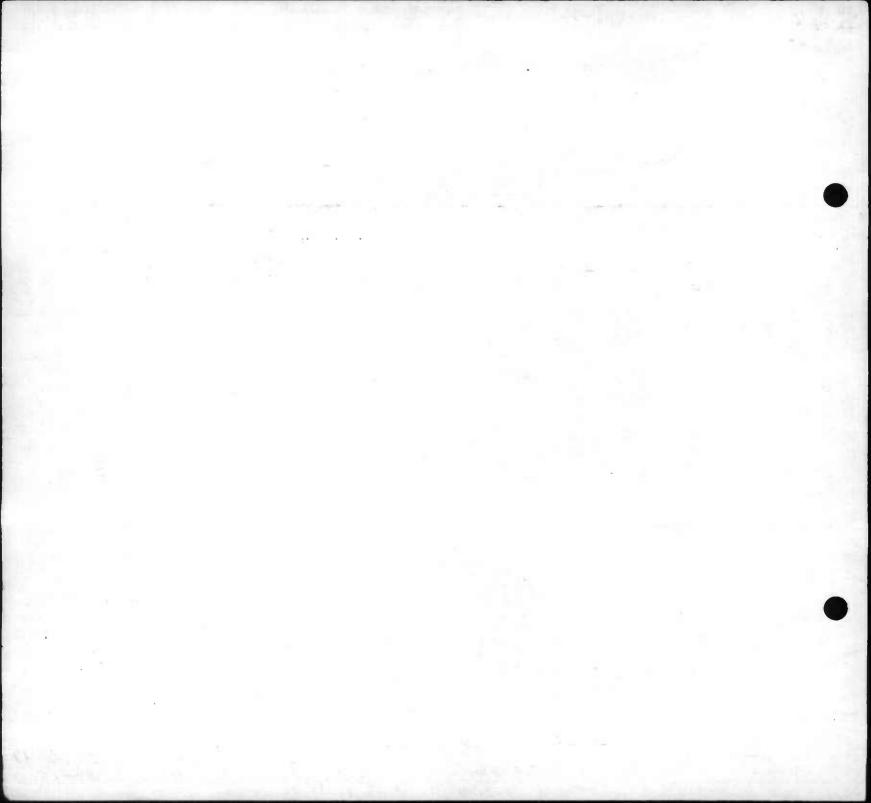
CC OCCOC BALTIM	ORE CITY HEALTH DEPARTMENT 66 00026
BIRTH NO. 66 00026 CERT	SIFICATE OF DEATH Registered No.
M.E. CASE NO. 1, NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(Type or Print) Elizabeth Davies	January 2, 1966
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (If not in hospital ar institution, give street	Maryland 5-//
HOSPITAL OR address ar location)	C. CITY OR TOWN (If outside city limits, write RURAL and give tawnship)
House in the Pines - Belvedere	Baltimore
2525 West Belvedere Ave.	D. STREET ADDRESS (If rutol, give lacotion)
	3508 Dennlyn Road 21215
Female White 7. MARRIED, NEVER MARRIED FOR MINIORED (S	
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR dane during most of working life, even if retired)	INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Housewife	Maryland
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Arnold F. Pfaffenbach	Anna E. Doench
15. Was Deceased Ever in U. S. Armed Farces? 16. SOCIAL (Yes, no or unknawn) (If yes, give war ar dotes af service) SECURITY	Nd. 17. INFORMANT PO Box 276
No None 220-48-8	
	CAUSE OF DEATH (INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH	Jenerally darkingsellers 5 yrs,
(This does not mean the mode of dying, e.g., Di heart failure, asthenio, etc. It means the disease,	UF TO
injury or complication which caused death.)	age
	UE TO
DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stoting the (C	
UNDERLYING CONDITION fost.	· · · · · · · · · · · · · · · · · · ·
II CONTROLLEN	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DESASE OF CONDITION CAUSING IT. 19A. DATE OF OPERATION WAS PERFORMED 19A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJ.	TION 20 A. AUTOPSY? (Yes or No) 20 R. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
WAS PERFORMED	HO IN CERTIFFING CAUSES OF DEATH?
OR CONTRIBUTING CALLSE OF home form foctory	JURY (e.g., in ar about 21 C. WHERE DID (If in Baltimare City, give exact lacotion) y, street, affice bidg., INJURY OCCUR?
DEATH (natify medical examiner) etc.)	
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCU	
(APPROX.) While At Wark	Not While At Work
22. I certify that (I) (this hospital) attended the deceased	from Jan. 1960 to Jan 2, 1966.
that (I) (we) last saw the deceased alive an	2 1965 and that In(my) (sour) apinian death accurred on the date
and haur and from the causes stated above. (1) (We) (did) ((did not) view the bady after death.
23A. SIGNATURE	23B, DATE SIGNED
SAPIRE TO Pheliples	M.D. Attending Med. Staff Phys. Director Phys. 1 / - 3 - 66
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
MORRIS B SCHREIBER	M.D. 18/94 Amplend St.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMET	TERY or CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial 1 - 5 - 66 Western C	emetery Baltimore, Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR
JAN 4 1966 R. Coop E. fail	EMM Jum & Jackener & Sono horthis Pa ares

Work Tackener



-	14	0	1
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

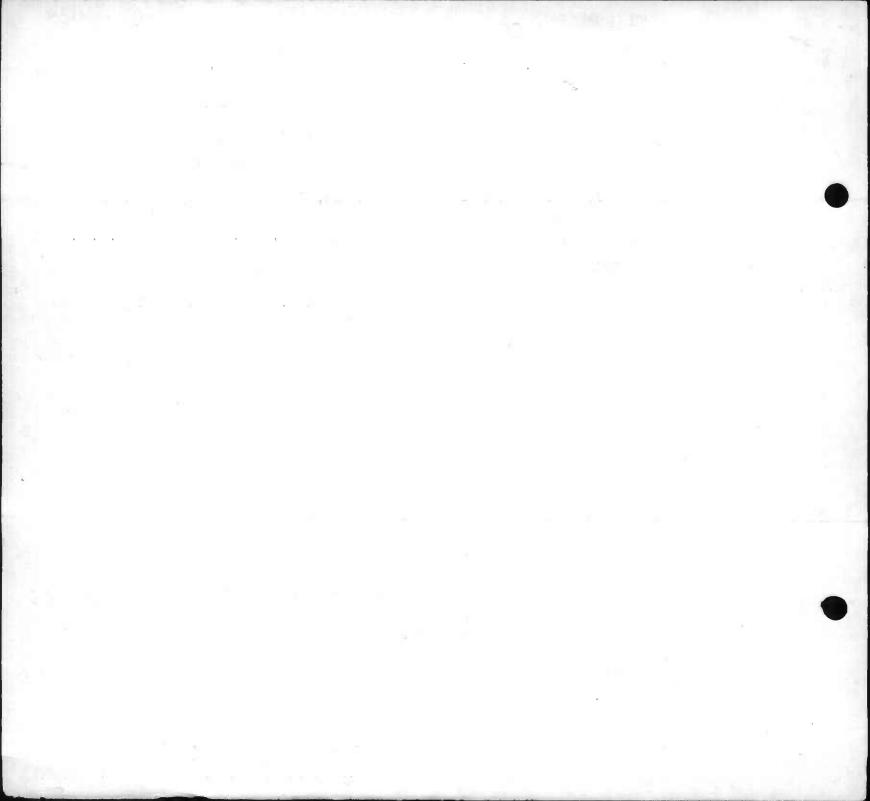
	CC 00007	BALTIMORE CITY	HEALTH DEPARTMENT	00 0000
	H NO. 66 00027	CERTIFICA	TE OF DEATH X Registered No	66 00027
1. N	AME OF DECEASED		2. DATE AND HOUR OF DEATH	-2/
(Тур	e or Printl Margaret/ V.	Shipley	2/105 1/1/66	1 3 39 A
3. P	LACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where degeesed lived, If ins	titution: residence before edmissi
F	ULL NAME OF (If not in hespitol or institution,	give stieet	MD Anne Arundel (County
- 1	OSPITAL OR eddiess or lecetion)		C. CITY OR TOWN (If eutside city limits, write R	URAL end give tewnship)
8			LINTHIC UM	HEIFHIS MIL
1	MARYLAND GENERAL	HOS PITAL	D. STREET ADDRESS (If rurel, give lecetion)	52-00
	., ,		531 South Camp Meade Ro	
5. S	F W Never	D. DIVORCED (specify) Married	8. DATE OF BIRTH 8. AGE (In yeers lest birthdox)	If Under 1 Yr. If Under 24 H Months: Deys Hours Min.
	USUAL OCCUPATION (Give kind of work 108, KIND Of during mest of working life, even if retired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State er fereign country)	12. CITIZEN OF WHAT COUNTRYS
0	SCHOOL TEACHER 1	CTIRPIN	A A COMD.	US
13.	FATHERS NAME		14. MOTHER'S MAIDEN NAME	
1	WILLIAMA. SHIF	Ley (Dec)	Louisa Steed	o (Dec)
15. V	Wes Deceased Ever in U. S. Armed Ferces? , no or unknewn) (If yes, give wer or deles of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	NO		FACE SHEET OF	CHART.
	18. 5 5 0 1	CAUSE O	0	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY		(1)	ONSET AND DEATH
	LEADING TO DEATH	(A) 1701	pable Corpnary Thromb	0515 L5 MII
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,		1	
	injury ar complication which coused death.)	IN	TRA PERITUNEAL ARC	por 14 da
	ANTECEDENT CAUSES	(B)	7,700	93 11007
	DISEASES OR CONDITIONS, if ony, giving	7	TRA PERITUNEAL ABO RUPTURED APPENDI	V 21 un
	rise to the obove couse (A) sleting the UNDERLYING CONDITION lost.	(C)	Rullary Milery	1 700
	11			
N O	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	G BAS	AL CELL CA	6-7
ATION	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		YE CELL CH	15-1415,
FIC	194. DATE OF OPERATION 198. CONDITION FOR		IN CERTIFYING CAU	INDINGS CONSIDÉRED
CERTIFIC	12-22-63 MUSDOM		3	
	OR CONTRIBUTING CAUSE OF hen	ne, ferm, fectery, street, ef	n ei obeut 21C. WHERE DID (If in Beltimeie ffice bldg., INJURY OCCUR?	City, give exoct lecotion)
U	DEATH (netify medicel exominer) etc.)		
EDI	21D. TIME (Menth) (Dey) (Yeor) (Heur) 21E OF INJURY	INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
ME	(APPROX.) Wh	ile At Not While	е	
	22. I certify that (1) (this hospital) attended t		12-13 1965 to 1	11/ 19.6
- 1	that (1) (we) last saw the deceased alive an	12-31		
		1	(, ,) , , , ,	ion death accurred on the c
	and haur and from the causes stated above (I) (We) (did) (dld nat) v		DATE SIGNED
	(VI) Dagana	M.D. Alle	ending Med. Steff	23B. DATE SIGNED
	No much	Phy	s. Director Phys.	1/1/65
	23C. PHYSICIAN'S NAME (Type) J. W. MA	IN M.D.	230. ADDRESS MIGRY LAND SEVER	nc IFOSPITAL
24A		AME ef CEMETERY er CRE	MATORY 24D. LOCATION (City	y, town, or county) (State
	Burial 1/4/1966 Sh:	inlaw Rumial C	Chinles Man 3	
25A		ipley Burial C	Fround Shipley, Maryl 25C. FUNERAL DIRECTOR	and Appress -/
	JAN 4 1966 (P.O. B	E. Jarber M.A	21/2 1 7 ih 11 12	Balloj mer.
VS	150-REV, 1/1/65	(((()	win, y. various son	us normala



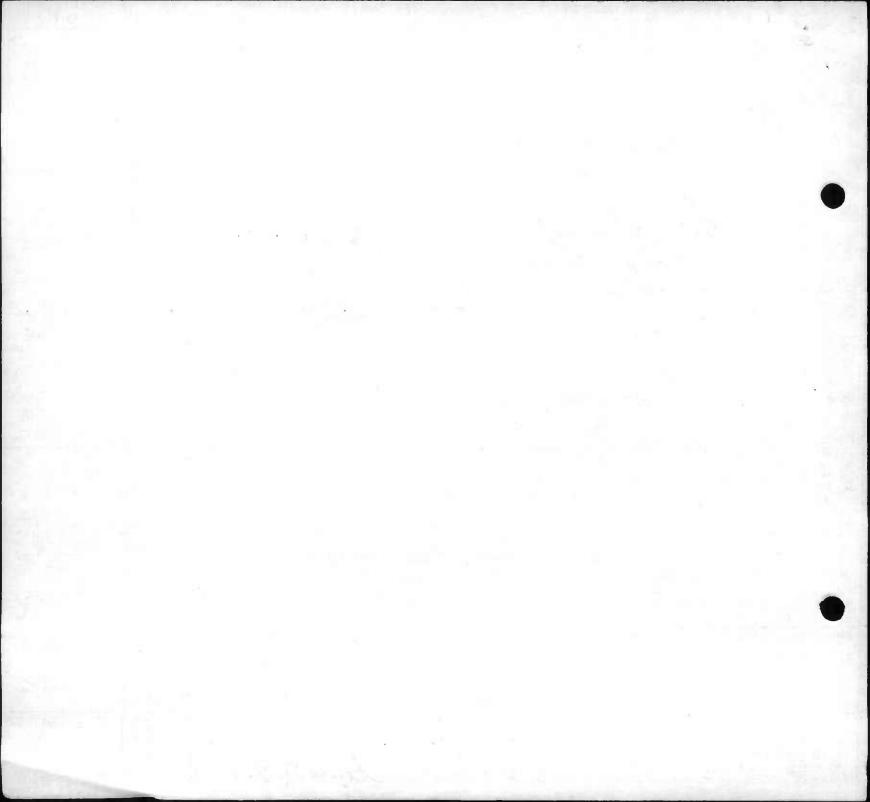
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

3

		00 0000	30	BALTIMORE CIT	Y HEALTH DEPARTMENT		66 00028
A.E.	H NO. . CASE NO.	66 0002	28	CERTIFICA	TE OF DEATH		
, N.	AME OF DEC		e H. Roo	lgers		and Hour of DEATH	
. P	LACE OF DEA	TH IN BALTIMORE, A	AARYLAND		4. USUAL RESIDENCE (WA. STATE B. CO	here deceased lived. If i	nstitution: residence before admission)
H	ULL NAME O IOSPITAL OR NSTITUTION	F (If not in hospit oddiess or loco	al or institution, tion)	give street	Maryland	Baltimor outside city limits, write	
0		221/ 6 1:			Baltimor	e:e	
		3216 Carlis	le Avent	ie		(If rurol, give locotion) arlisle Avenu	ie
. S	emale	6. RACE White	WIDOWE	, NEVER MARRIED D, DIVORCED (specify) idowed	B. DATE OF BIRTH July 26, 1881	9. AGE (In years lost birthdoy) 84	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
ØÀ.	USUAL OCCU	PATION (Give kind of w	ork 10B, KIND O	F BUSINESS OR INDUSTRY			12. CHIZEN OF
lone		vorking life, even if retired	1)				WHAT COUNTRY?
2 1	At Hon	ne			Baltimore,	Md.	U.S.A.
إ ٥٠	AIHERS NAN	William H	loueman			Chipman	
5. V	Was Deceased	Ever in U. S. Armed	Forces?	1 6. SOCIAL	17. INFORMANT	Jiipiilaii	ADDRESS
res	No	(If yes, give wor or d	otes of service)	None	Margaret R.	Milan 3216 C	arlisle Avenue
	18. 2 3	2 7 1		CAUSE C	DF DEATH		INTERVAL BETWEEN
		E OR CONDITION		^	1 01/	0	ONSET AND DEATH
		LEADING TO DEAT of mean the mode		(A) Cer	elyal //as	cular	1 well
	heort failure,	asthenio, etc. It meo plication which caus	ns the disease		00	luin on	-
		NTECEDENT CAUS		(B) GQ	men last	eno dua	- 5 MS
		R CONDITIONS,		DUE TO		0-000	us J.
	rise to the	obove cause (A				=== +== +== === == == += += += += += +=	
	ONDEREING	CONDITION 1881.					
ATION	TO THE D	II FICANT CONDITIONS EATH BUT NOT RE CONDITION CAUSING	LATED TO TH				
RTIFIC	19A. DATE OF	OPERATION 198. CO		WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
C	21 A. ACCIDEN OR CONTRIBU DEATH (notify	TING CAUSE OF medical examines	21E hor etc	ne, lorm, foctory, street, c	in or about 21C. WHERE DID office bldg., INJURY OCCUR	(II in Boltimor	e City, give exoct locotion)
ш	21 D. TIME OF INJURY	(Month) (Doy) (Yes	or) (Hour) 21 E	INJURY OCCURRED	21 F. HOW DID	INJURY OCCUR?	
> I	(APPROX.)		Wi	nile At Not Whi			1
-	22. I certify	that (1) (this hospit	rol) attended t	the deceased from	0 < []	19 10	an 2 1966.
- 1		lost sow the deceo		Dec 1		that in (my) (our) op	inian death occurred on the dote
			tated above. (1) (₩®) (did) (d tdo t)	view the bady ofter deot	h.	
1	23A. SIGNATU	RE	1	1		- 04	23B. DATE SIGNED
	Un	vin /	Lan	M.D. Att		Stoff Phys.	Jan. 3 66
	23 C. PHYSICIA NAME (T		rin Saul	ner	6905 Park	Heights Awe	mue
40	RIIDIAI CRE	MATION, 24B, DATE		M. U.			nue
.4M	REMOVAL (S	pecify)		AME of CEMETERY OF CR		LOCATION (C	ity, town, or county) (Stote)
S.A.	Burial	1/5/6		udon Park Ce	metery E	Baltimore, M	
AC.	JAN	4 1966 O	200	OF REGISTRAR	E the worth	mmacot 160	ADDRESS
	W 7 33 3	- 1000 91	67 19	000	H H MOLUIN A	Tillacosi 400	0 Liberty Heights

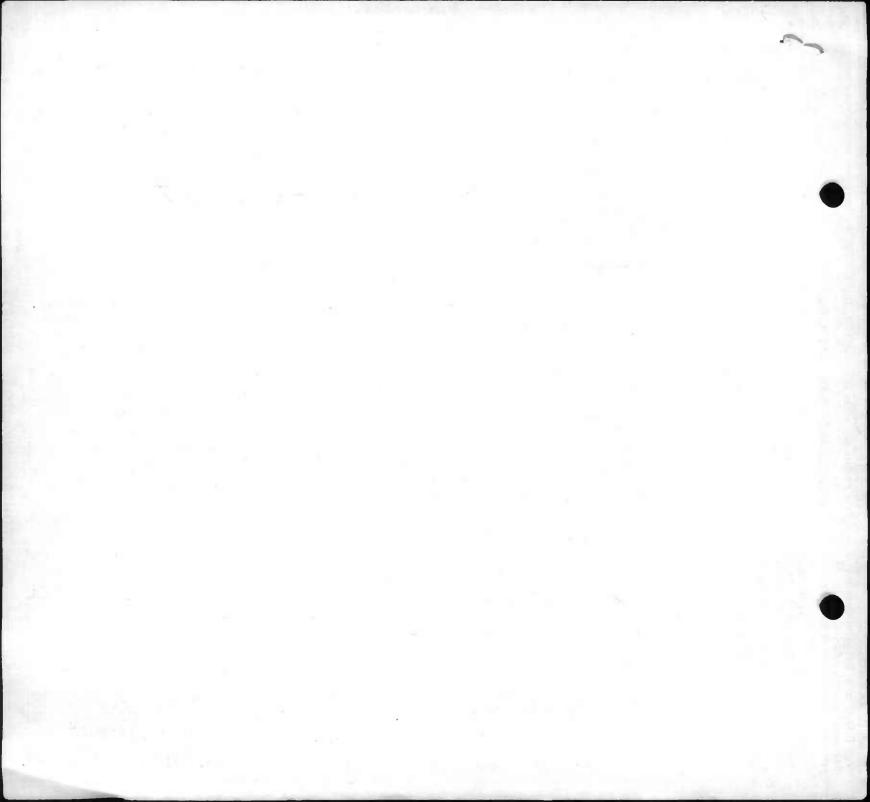


BALTIMORE CITY HEALTH DEPARTA	MENT CC 00000
BIRTH NO. 66 00029 CERTIFICATE OF DEA	ATH Registered No. 66 00029
M.E. CASE NO. 1. NAME OF DECEASED 2.	DATE AND HOUR OF DEATH
(Type or Print) Schell, CARL ANDREW	1-1-66 1030 PM
	NCE (Where deceosed lived. If institution; residence before admission) B. COUNTY
l m n	CAPRET
FULL NAME OF (If not in hospital or institution, give street oddress or location) C. GITY OR TOWN	(If outside city limits, write RURAL and give township)
MOLINITION	11-100 Ha 1-1-11
D. STREET ADDRES	
700 K	STREET
SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH	9. AGE (In years If Under 1 Yr. If Under 24 Hrs. In the state of
M MARRIED 7-5-)	2 lost birthdoy) 5 3 Months Doys Hours Min.
DA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Sto	ote or foreign country) 12. CITIZEN OF
Divider of Bureau of Miss Bureau of Miss Dobbin.	WHAT COUNTRY?
DIVECTOR of BUREAU MIKE DUFEAU of MINES DOBBIN, S. FATHERS NAME	
DAN SCAELL P.	las ())
DIA LA	RL MILLER
6. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT SECURITY NO.	ADDRESS
no 232-09-6190 Mrs. Mabe	el Schell Mt. Lake Park, Md.
18. CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH	INTROPANIAL / ESYN
(This does not mean the made of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease,	BRESSARE / (Boy)
injury ar camplication which caused death.)	Allandin
ANTECEDENT CAUSES (B) TINGLY IN	2 (INTRHORALIAC)
DISEASES OR CONDITIONS, if any, giving	
rise to the abave couse (A) stating the (C) UNDERLYING CONDITION last.	
ONDERENTO CONDITION 1031,	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE ODISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY?	IN CERTIFYING CAUSES OF DEATH?
218 PLACE OF INTERVIEW OF A PROPERTY OF THE PROPERTY OF A PROPERTY OF THE PROP	RE DID (If in Boltimore City, give exact location)
OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY O	C CU R?
2 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED 21F, HOW	DID INJURY OCCUR?
OF INJURY	DID INJURY OCCUR:
(APPROX.) Work At Work	
22. I certify that (I) (this hospital) attended the deceased from 12-20	19 65 10 /-1 19 66
that (I) (we) last sow the deceased alive an	ond that in (my) (aur) apinlan death accurred on the dat
and Hour and fram the couses stated above. (1) (We) (did) (did nat) view the body afte	
23A. SIGNATURE	238. DATE SIGNED
M.D. Attending Med	
	ctor Phys.
Phys. Direct	
23C. PHYSICIAN'S 23D. ADDRESS	d mp Hosi20
23C. PHYSICIAN'S (NAME (Type) CEUI BRANDSEN M.D. (N)U.	of Mp. Horrist.
23C. PHYSICIAN'S (NAME (Type) CEUISRANDSEN M.D. (N)U.	ef MD. Hoodifel. (City, town, or county) (State)
23C. PHYSICIANS NAME (Type) 23D. ADDRESS M.D. (N) U. 4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY REMOVAL (Specify)	
Phys. Direct 23C. PHYSICIAN'S (LU) BRANDSEN 23D. ADDRESS M.D. (N) V. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY REMOVAL (Specify) Burial 1/5/65 Garrett Co. Mem. Gardens 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL 1	Oakland, Maryland
23C. PHYSICIANS (1/2) BRANDSEN 23D. ADDRESS M.D. (N)V. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY Burial 1/5/65 Garrett Co. Mem. Gardens	Oakland, Maryland



BALTIMORE	CITY	HEALTH	DEPARTM	ENT

00 00000	BALTIMORE CITY	HEALTH DEPARTMENT	00 00000
BIRTH NO. 66 00030	CERTIFICA	TE OF DEATH Register	ed No. 66 00030
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AND HOUR OF	
(Type or Print) Rubin, trans	F	January 2	2, 1966 1121 23 pm
3. PLACE OF DEATH IN BALTIMORE, MARYLAND			ved. If institution: residence before admission)
FULL NAME OF (If not in hospital or institut HOSPITAL OR oddress or location)	tion, give street	Maryland	s, write RURAL and give lawnship)
INSTITUTION	25000	D 1-6.	, and the same give the same given
Lesiplas	of Bultunes	D. STREET ADDRESS (If rurol, give loc	otion)
		3900 /Cosec	rest se.
5. SEX ale 6. RACE WIDE 7. MAR! WIDE	RIED, NEVER MARRIED DWED, DIVORCED (specify) MAULLED	B. DATE OF BIRTH 9. AGE (In you last birthday)	Under 1 Yr. If Under 24 Hrs. Hours Min.
toA. USUAL OCCUPATION (Give kind of wark 10B, KIN done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	6 BIRTHILACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	Real Estate	Russia	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Abraham Rubin		Shane	?
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of serv	security No. 218-32-2442	Mrs. Bessie Rubin	3900 Rosecrest Ave.
18, 4 0 7 0		OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		?	ONSET AND DEATH
LEADING TO DEATH	(1) 15	espiratory Fusury	ficience
(This does not mean the mode of dying, heart failure, osthenia, etc. It means the dise	e.g., DUE TO	/ /	7
injury or complication which coused death.)	Chi	onie Obstructive Pu 15 hughy sema, Ch	
ANTECEDENT CAUSES	(B)	The Charleton of	Luonary
DISEASES OR CONDITIONS, if any, gi		Is hughy seria, Ch	1. Brinchilis
rise to the above couse (A) stating UNDERLYING CONDITION last.	the (C)		
	21.4	1 + 10 + 0	
O OTHER SIGNIFICANT CONDITIONS CONTRIBU	111713	sockrotic Heart D	
TO THE DEATH BUT NOT RELATED TO	THE 2) Puhm	many emboli (suspeckel)
	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES	WERE FINDINGS CONSIDERED
m L			
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)		Boltimore City, give exact location)
21D. πME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR	7
OF INJURY (APPROX.)	White At Not Whi		
22 1 - 25 1 - 25 1 - 25 1 - 25 1 - 25 1 - 25 1	1	13 /	1/2 60
22. I certify that W (this haspital) attend	1 /	1	
that (we) last saw the deceased alive			aur) apinian death accurred an the date
and haur and fram the causes stated abay	e. (We) (did) (did-not)	view the bady after death.	
23A. SIGNATURE	M.D. AH	ending Med. Stoff	23 B. DATE SIGNED
& d. Chysteran	Phy	rs. Director Phys.	1/2/66
23C. PHYSICIAN'S		23D. ADDRESS	1/
13.17. Chipma	24, M.D.	(o Junay,	Hospital
24A. BURIAL CREMATION, 248. DATE 124 REMOVAL (Specify)	C. NAME OF CEMETERY OF CR		(City, town, or county) (State)
Burial 1/2/1966	Bobroiskon Ron	reficial Circle Ba	ltimore, Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR		. 6010 Reisterstown Rd.
JAN 4 1966 R.C.	DRE STOCKENTY	Sor Levenson & Bros	. DUTU KELSLETSLOWN Ka.
VS 150-REV, 1/1/65			



Such

LO

BALTIMORE	CITY	HEALTH	DEPARTMEN

AT HOME Orces? tes of service) CAUSE ORRECTLY didying, e.g., AT HOME CAUSE ORRECTLY A (A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B	2. DATE AND HOUR OF DE JANUARY 2, 196 JANUARY 2, 196 4. USUAL RESIDENCE (Where deceosed lived A. STATE B. COUNTY MARYLAND C. CITY OR YOWN (If outside city limits, BALTIMORE D. STREET ADDRESS (If rurol, give tocotic 2525 W BELVEDERE AVEN lost birthdoy) B. DATE OF BIRTH 9. AGE (In years lost birthdoy) 80 TRY 11. BIRTHPLACE (State or foreign country) RUSSIA 14. MOTHER'S MAIDEN NAME UNKNOWN 17. INFORMANT MR. MARK RUBENSTEIN 12 COF DEATH	write RURAL and give township) If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min, WHAT COUNTRY? (ISA ADDRESS
NURSING HOME LVEDERE AVE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) WIDOWED TRANSPORT OF BUSINESS OR INDUST AT HOME Orces? Tes of service) 16. SOCIAL SECURITY NO. CAUSE ORRECTLY 4 July 19	MARYLAND C. CITY OR YOWN (If outside city limits, BALTIMORE D. STREET ADDRESS (If rurol, give tocotion 2525 W BELVEDERE AVEN 10st birthday) B. DATE OF BIRTH P. AGE (In years lost birthday) 80 TRY 11. BIRTHPLACE (State or foreign country) RUSSIA 14. MOTHER'S MAIDEN NAME UNKNOWN 17. INFORMANT MR. MARK RUBENSTEIN 12	Write RURAL and give township) III If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min, 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS KNOLL RIDGE COURT INTERVAL BETWEEN ONSET AND DEATH
T. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) WIDOWED TRANSPORT OF BUSINESS OR INDUST AT HOME Orces? Tes of service) AT HOME CAUSE OR INDUST AT HOME CAUSE OR INDUST AT HOME	D. STREET ADDRESS (If rurol, give location 2525 W BELVEDERE AVEN B. DATE OF BIRTH 9. AGE (In years lost birthday) 80 TRY 11. BIRTHPLACE (State or foreign country) RUSSIA 14. MOTHER'S MAIDEN NAME UNKNOWN 17. INFORMANT MR. MARK RUBENSTEIN 12	ILLE If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min, 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS KNOLL RIDGE COURT INTERVAL BETWEEN ONSET AND DEATH
WIDOWED, DIVORCED (specify) (NT DOWED TRAINED OF BUSINESS OR INDUST AT HOME Orces? Tes of service) 16. SOCIAL SECURITY NO. CAUSE ORRECTLY A (A) B OUE FO	RUSSIA 14. MOTHER'S MAIDEN NAME UNKNOWN 17. INFORMANT MR. MARK RUBENSTEIN 12	12. CITIZEN OF WHAT COUNTRY? USA ADDRESS KNOLL RIDGE COURT INTERVAL BETWEEN ONSET AND DEATH
AT HOME Orces? tes of service) CAUSE ORRECTLY didying, e.g., AT HOME CAUSE ORRECTLY A (A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B	RUSSIA 14. MOTHER'S MAIDEN NAME UNKNOWN 17. INFORMANT MR. MARK RUBENSTEIN 12	ADDRESS KNOLL RIDGE COURT INTERVAL BETWEEN ONSET AND DEATH
CAUSE ORECTLY If dying, e.g., SECURITY NO. (A) DUE FO	UNKNOWN 17. INFORMANT MR. MARK RUBENSTEIN 12 OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
CAUSE ORECTLY If dying, e.g., SECURITY NO. (A) DUE FO	MR. MARK RUBENSTEIN 12	INTERVAL BETWEEN ONSET AND DEATH
IRECTLY I (A) 3		ONSET AND DEATH
is the diseose,	ASHID Diabetion Millito	12 years
IT. NOTION FOR WHICH OPERATION REFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, N	WERE FINDINGS CONSIDERED G CAUSES OF DEATH?
218. PLACE OF INJURY (e.g home, lorm, foctory, street, etc.)	g., in or obout 21 C. WHERE DID (If in Bo	oltimore City, give exoct tocotion)
oted obove. (I) (We) (did) (did not	19 (0 ond that in (my) (out t) view the body ofter death. Attending Med. Stalf	
(while At Not Not Not Work At W	While At Not While all attended the deceased fram 19 5 and ond that in (my) (our oted above. (1) (We) (did) (did not) view the body ofter death.

1/3/1966 BURTAL 25A. DATE REC AN 4 1966

BALTIMORE, MARYLAND

SOL EVINSON & BROS. INC. 6010 REISTERSTOWN

VS 150-REV. 1/1/65





the body

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Such

death.

0

attendance cause

(5) Deceased of deat 0

a hospital

	BALTIMORE CITY	HEALTH DEPARTMENT		66 00033
BIRTH NO. 66 00033	CEDTIFICA	TE OF DEATH	Registered No	00 00000
M.E. CASE NO.	CERTIFICA		0	
1. NAME OF DECEASED		2. DATE AND H	OUR OF DEATH	. 30
(Type of Print) BESSIE JA	2. DATE AND HOUR OF DEATH JANUARY, 1966 BALTIMORE, MARTLAND If not in hospitol or institution, give street addiess or location! Spital, Inc. A. USUAL RESIDENCE (Where deceased lived. It institution: residence before admission) A. STATE B. COUNTY MARKIED, NEVER MARRIED D. STREET ADDRESS (III rurol, give location) LEWNDALE INFIRMARY - BELVEDERENTE (2/2/5) E. 7. MARRIED, NEVER MARRIED D. STREET ADDRESS (III rurol, give location) LEWNDALE INFIRMARY - BELVEDERENTE (2/2/5) Months: Dosy Hours Min. SAUGLE NONE B. DATE OF BIRTH D. ADE (In years) J. J. BIRTHPLACE (State or foreign country) NONE BALTIMORE, MARYLAND 12. CITIZEN OF WHAT COUNTRY? WHAT COUNTRY? WHAT COUNTRY? LA USUAL RESIDENCE (Where deceased lived. II institution: residence before admission) A. STATE B. COUNTRY M. A. STATE B. COUNTRY, write RURAL and give locations LEWNDALE INFIRMARY - BELVEDERENTE (2/2/5) North J. L. Williams (III under 1 Yr. II Under 24 Hrs.) North J. Works (II) WHAT COUNTRY? WHAT COUNTRY? LA USUAL RESIDENCE (Where deceased lived. II institution: residence before admission) A. STATE B. COUNTRY (II outside city limits, write RURAL and give location) LEWNDALE INFIRMARY - BELVEDERENTE (2/2/5) North J. Works II Under 1 Yr. II Under			
3. PLACE OF DEATH IN BALTIMORE, MAI	YLAND		eceosed lived. If insti	tution: residence before admission)
		MARYLAND	city limits write PII	PAL and give township)
INSTITUTION		2	city minis, wine Ko	KAL ONO GIVE TOWNSHIP)
SINAI HOSPITAL,	INC.	D. STREET ADDRESS (If Iviol	, give location)	821215
		LEVINDALE INFIRMA	PRY-BELVE	DEREATE (LIZES)
5. SEX 6. RACE			GE (In years	If Under 1 Yr. If Under 24 Hrs.
FEMALE WhITE	Single	Oct. 14, 1842	73	
10A, USUAL OCCUPATION (Give kind of work done during most of working tite, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fareign	caunfly)	12. CITIZEN OF WHAT COUNTRY?
None	None	Baltimore, Mar	iyland	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Isaac Jacobs		Ethel Levin	ison	
15. Was Deceased Ever in U. S. Armed Ford		17. INFORMANT		ADDRESS
Tres, no or onknown his yes, give wor or one	SECURITI NO.	Sidney D. Cohen	Maryland	er Apts.
18. 4493 X I	0	F DEATH		
DISEASE OR CONDITION DIR	ECTLY	NEUMONIA		IWEEK
(This daes not mean the made of hearl failure, osthenia, etc. It means injury or complication which caused	the disease,	af a. 196 196 196 196 196 196 196 196 196 196 196 196 196	agoga g gag affia a garaara affi 66667 666	
ANTECEDENT CAUSES	(B) DUE TO			90 9 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
DISEASES OR CONDITIONS, if	any, giving			
nise to the above cause (A) UNDERLYING CONDITION lost.	sloling lhe (C)			**************************************
OTHER SIGNIFICANT CONDITIONS C				15YPS.
TO THE DEATH BUT NOT RELA	TED TO THE WITH ACUTE	CARDIAC DECOMPE	ENSATION.	24hRs.
19A. DATE OF OPERATION 19B. CON	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 2	OB. IF YES, WERE FIN	IDINGS CONSIDERED ES OF DEATH?
U 21 A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If in Boltimore C	City, give exact location)

IN CERTIFYING CAUSES OF DEATH? NONE 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location)

21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF foctory, street, office bldg., INJURY OCCUR? home, DEATH (notify medical examined 21F. HOW DID INJURY OCCUR?

21 D. TIME OF INJURY (Month) (Doy) (Yeor) (Hour) 21 E. INJURY OCCURRED While At (APPROX.) Work

Not While At Work

22. I certify that (本(this hospital) attended the deceased from JANUREY

25B. NAME OF

19 66 JANUARY !

JANUARY 66 19 ...and that in(my) (our) opinion deoth occurred on the dote ond hour ond fram the couses stoted abave. (1) (We) (did) (didmet) view the bady ofter deoth.

23A. SIGNALL Med.

Attending Phys. Director 23D. ADDRESS

23B. DATE SIGNED

23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, REMOVAL (Specify) DAT

24C. NAME of CEMETERY of CREMATORY 1/2/66 Buria 25A. DATE REGIS

Bnai Israel

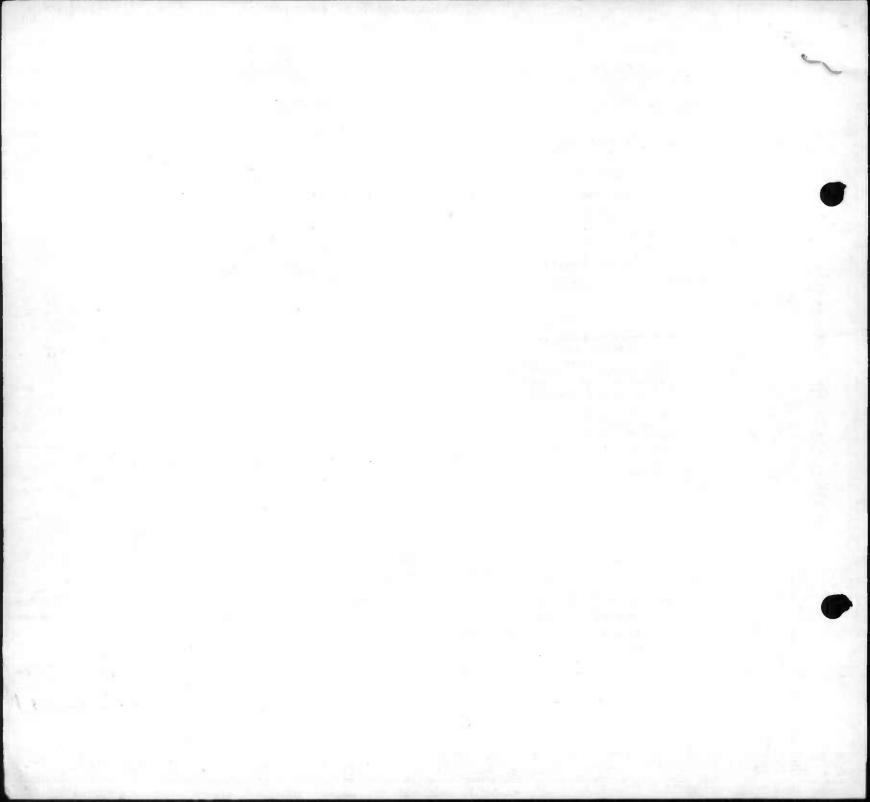
Baltimore, Maryland

2SC. FUNERAL DIRECTOR revinson & Bros. 6010 Reisterstown Rd.

VS 150-REV. 1/1/65

MEDICAL

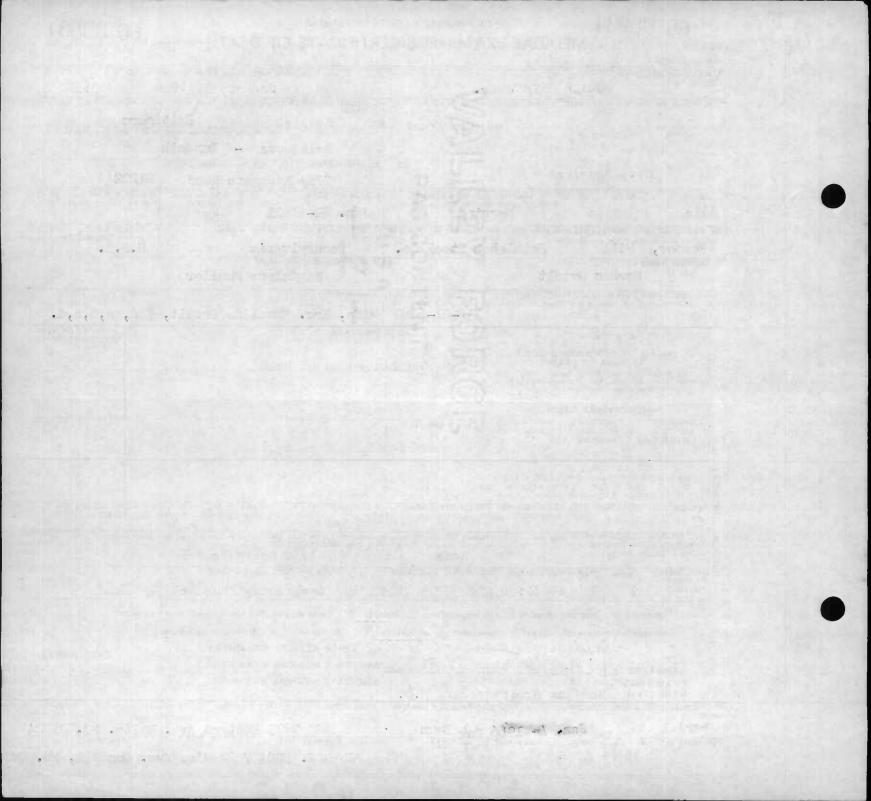
ADDRESS

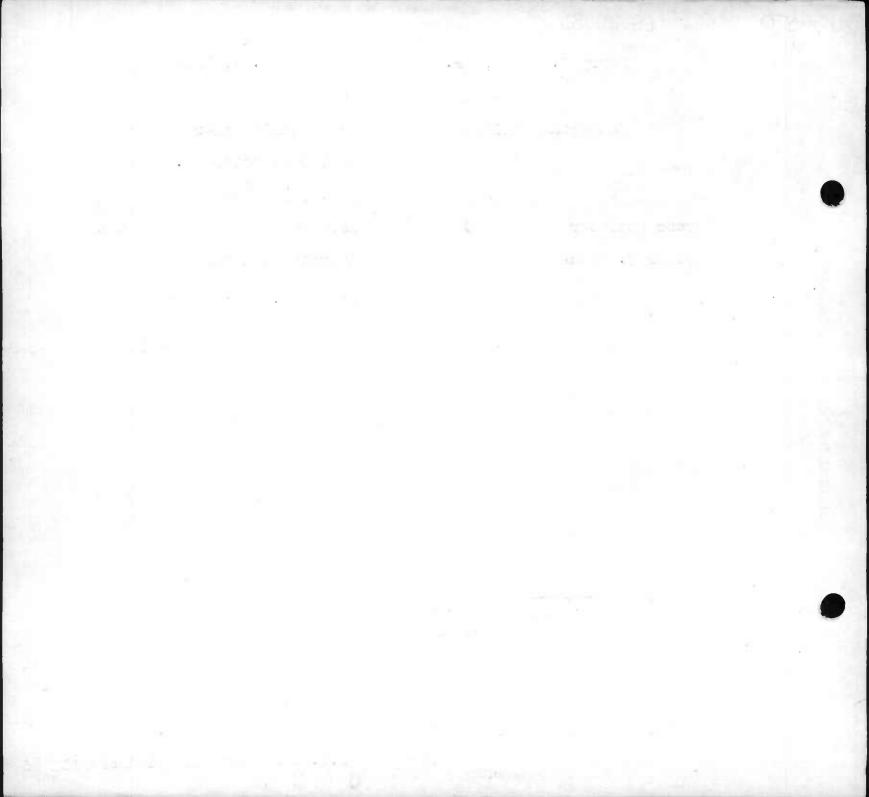


36	A .			
2 /		BALTIMORE CITY	MEALTH	DEDADTAKENT
. 76.		DALIMORE CITY	DEALID	DEPARTMEN

0 1 2 11	BIRTH NO. MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.
0.639	MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.
	1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR PRONOUNCED DEAD
	HOWARD ORTELT Sr. January 1, 1966 2:50 A _{M.} 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD [4. USUAL RESIDENCE (Where deceased lived. If institution: residence before odmission)
The state of the s	A. STATE B. COUNTY Maryland Baltimore
	HOSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
5)	Baltimore - Dundalk D. STREET ADDRESS (If rural, give location)
31	City Hospital 2759 Moorgate Road 21222
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify) Married 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months, Doys Hours, Min. Min. 53
	10A. USUAL OCCUPATION (Give kind of work) OB. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (Stote or foreign country) done during most of working life even if relired) Bethlehem Steel Co. Pennsylvania 12. CITIZEN OF WHAT COUNTRY? U-S.A.
	Feeder, Mill Bethlehem Steel Co. Pennsylvania U.S.A.
	Herman Ortelt Magdalena Mueller
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.
	No No 216-01-6280 Wife, Mrs. Emmaline Ortelt, # 4, a,b,c,d.
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart foilure, ostheria, etc. It meons the disease, injury or complication which caused death.) (A) Gunshot wound of head DUE TO
	ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
	194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 204. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	21A. EXTERNAL CAUSE WAS UNDERLYING OF CONTRIB- UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bldg., INJURY OCCUR? 2759 Moorgate Road
	21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY (APPROX.) 1 1 66 12:30. WHILE AT NOT WHILE X Apparently shot self in head
	l certify that I held an Inquiry Inspection Autopsy X and that on this basis, deoth in my opinian
	resulted from: Netyrol causes Accident Suicide Hamicide Undetermined manner
	ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL SIGNATURE DATE SIGNED 1-1-66
	EXAMINER'S ASSOCIATE MEDICAL EXAMINER
	NAME (Type) Rudiger Breitenecker, M.D.
	REMOVAL (Specify)
THE STREET	DUTIAL Jan. 4 1966 63 Lawn 7225 Eastern Ave. Balto. Md. 21224 24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS
	JAN 4 1966 Relate & Falker JOHN J. DUDA 7922 Wise Ave. Dundalk, Md.

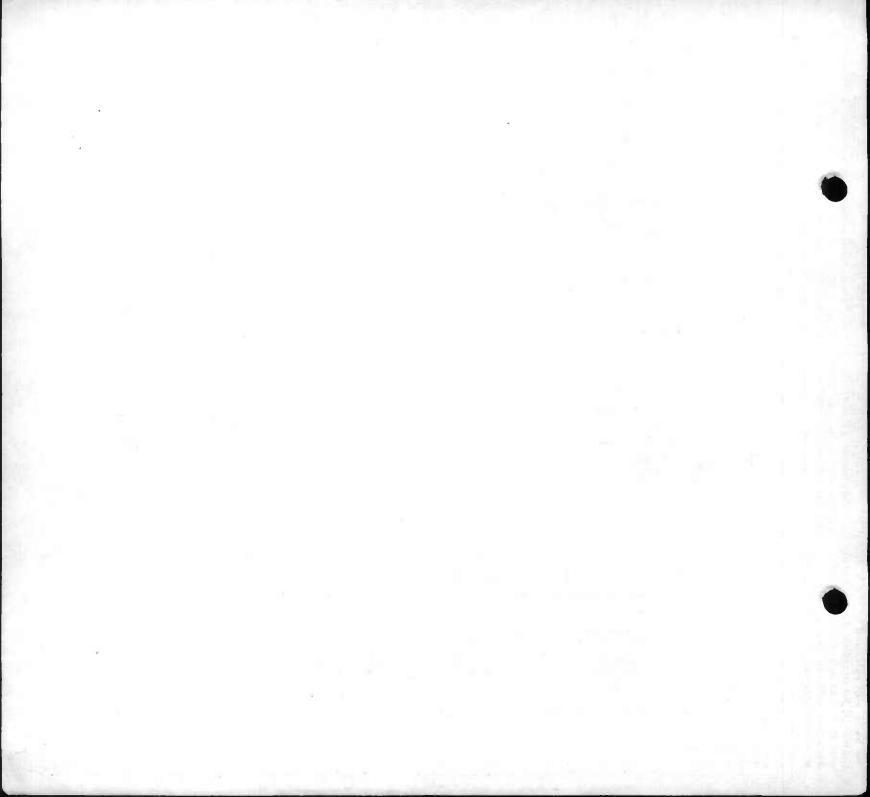
VS 151-REV. 1/1/65 N 9 5 6 6 0 0 0 0 0 3 3





	FUNERAL DIRECTOR: IMPORTANT	IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death o	y the chief medical examine	r or his assistant if death o
the body was released to the hospital by a medical examiner. Also, if the direct or con	ital by a medical examiner	. Also, if the direct or cor
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undeter	e; (2) Body burns; (3) A fracti	ure of any kind; (4) Undeter
was D.O.A. at a hospital (except where the physician who pronounced death was in re	there the physician who pro	onounced death was in re
deceased prior to death); and (6) No physician was in regular attendance on the decea	No physician was in regular	attendance on the decea
Written approval must be obtained before the remains are embalmed or final disposition is	hefore the remains are ember	almed or final disnocition is

10A USUAL OCCUPATION (Give kind of weak) Dear Rendered and supplementation of the street of the stre	1 00 00000	BALTIMORE CI	TY HEALTH DEPARTMENT		00 000
TRANS OF DECENSED		CERTIFIC	ATE OF DEATH	Registered No.	66 00036
2. PLACE OF DEATH IN BARTISORE, MARTLAND A. JUNAL RESIDENCE (White decorated lived.) II institutions resistance before admits the hospital or institution, give sheet (1009) 110, 200 (1009)	1. NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	
FULL NAME OF HOSTITAL OR MACHINE MASSITUTION OF SCALAR OF HOSTITAL OR MACHINE MASSITUTION OF SCALAR OF DISCONSIN HIS will be obliged only limited with ministry with the machine of the color of the col	(Type or Print) Vance. (Mas AL	INC		-3-68	1 4:15 a.
HOSPITALOR OF MISTITUTION BON SECOURS HOSPITAL OF CHIEF ADDRESS AT TOTAL OR MISTITUTION BON SECOURS HOSPITAL OF CHIEF ADDRESS AT TOTAL OR MISTITUTION SEE SACE P. MARKED, NEVER MARKED MISTORY OF BUSINESS OR INDUSTRY II. BITHFRACE (Signe or foreign country) 10A. USUAL OCCUPATIONICI'VE long of working the standard of the second of the	3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where of	deceased lived. If insti	fution: residence before admissi
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH DISEASE OR CONDITIONS, if only, giving lists to lish above coase (A) stating the DISEASE OR CONDITIONS, if only, giving lists to lish above coase (A) stating the DISEASE OR CONDITIONS, if only, giving lists to lish above coase (A) stating the DISEASE OR CONDITIONS, if only, giving lists to lish above coase (A) stating the DISEASE OR CONDITIONS, if only, giving lists to lish above coase (A) stating the DISEASE OR CONDITIONS, if only, giving lists to lish above coase (A) stating the DISEASE OR CONDITIONS, if only, giving lists to lish above coase (A) stating the DISEASE OR CONDITIONS CONTRIBUTING OTHER STORIBLANCE CONDITION CAUSING IT OF WHICH OPERATION VAS PENDSMOND CAUSING IT OF WHICH OPERATION VAS PENDSMOND CAUSING IT ONLY IT OF WHICH OPERATION VAS PENDSMOND CAUSING IT ONLY IT OF WHICH OPERATION VAS PENDSMOND CAUSING IT, GIVING COURTED DISEASE OR CONDITION CAUSING IT ONLY IT OF WHICH OPERATION VAS PENDSMOND CAUSING IT, GIVING COURTED DISEASE OR CONDITION CAUSING IT ONLY IT OF WHICH OPERATION VAS PENDSMOND CAUSING IT, GIVING COURTED DISEASE OR CONDITION CAUSING IT ONLY IT OF WHICH OPERATION VAS PENDSMOND CAUSING IT, GIVING COURTED DISEASE OR CONDITION CAUSING IT, GIVING COURTED DISE	FULL NAME OF (If not in hospital or institution,	give street	Md		75-3
15. SEE D. BACE D. MARRIED NEVER MARRIED D. D. COLORDON FOR COLORDON D. D. COLORDON D. D. COLORDON D. D. COLORDON D. D. COLORDON D. C.	INSTITUTION	4 /	C. CITY OR TOWN (If outsid	e city limits, write RU	RAL ond give township)
15. SEE Jo. BACE J. MARKEID, NIVES MARKED J. DOC COLCENT ROAD J. L. II Under 1 Yr. II III Under 1 Yr. II Under 1 Yr. II Under 1 Yr. II Under 1 Yr. II II Under 1 Yr. II Under 1 Yr	4 BON SECOURS HOS	pita/			
5. SEX 6. BACE PAMBRIED, NEVER MARRIED DATE OF BIRTH PAMBRIED PAMBR	/ /2011	/	401 /0 /1	. 1	
MIDONED DIVORGED (specify) OU. USUAL OCCUPANN((love kind of work look kind of work				AGE (In vedrs	If Under 1 Yr. If Under 24
100. JULIAL OCCUPATION (Give kind of work) to kind of work) to kind of work) to kind with the relieved of the works in the			7/26/16	birthdoy) 50	Months Doys Hours Min
13. TATHERS NAME 14. MOTHERS MADEN NAME 15. WAS DECOSED TO THE STORY OF THE STORY	10A, USUAL OCCUPATION (Give kind of work 108, KIND O	F BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF
15. Were Deceased See fit U. S. Armed Forces? 17. INFORMANT 18. INFORMANT 18. INFORMANT 18. INFORMANT 18. INFORMANT 19. INFORMATT 19. INFORMAT	done during most of working life (even if retired)		Mapulanin		WHAT COUNTRY?
Testing of synkhown	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		400171
Testing of synkhown	DUNEAN Play		PAUNISMA	Manas	ant
Teshnown	15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	"WK491	ADDRESS
TIB. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) DUE TO DU	(Yes, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	11	ch.	7,000,000
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Modulation:	118	CALISE	110-111100	SHEET	INITEDIAL DETINICAL
LEADING TO DEATH (This does not mean the mode of dying, e.g., heat fields, and the mode of dying, e.g., heat fields, askenia, etc. It means the disease, injury or complication which coused death, and the disease, injury or complication which coused death, and the disease, injury or complication which coused death, and the disease, injury or complication which coused death, and the disease, injury or complication which coused death, and the disease, injury or complication which coused death, and the disease, injury or complication with coused death, and the disease, injury or complication with coused death, and the disease, injury or complication with coused death, and the disease, injury or complication with coused death, and the disease of the	177.0	CAUSE	OF DEATH		ONSET AND DEATH
Titles does not mean the mode of dying, e.g., heat failure, esthemic, etc. It means the discose, injury or complication which caused death.) ANTECEDENT CAUSES DUE TO		(A)	motastatic (arcinoma	Years.
Injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving ise to the obove couse (A) stating the (C) UNDERLING CONDITION last. OTHER SIGNIFICANT CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19 A.DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 27 A. ACCIDENT WAS UNDERLYING WAS PERFORMED 28 PLATE OF INJURY OCCUR? While Al Not While Al Work All Work A			***************************************		
DISEASES OR CONDITIONS, if any, giving isse to the obove couse (A) stating the UNDERLYING CONDITION to the significant conditions.		,			
UNDERLYING CONDITION last. Condition Contribution Contribut		DUE TO	THE THIRD IN THE PROPERTY OF T	****	
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DR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR? DEATH (notify medical examiner) DEATH (notify medical examiner)	U 19A. DATE OF OPERATION 19B. CONDITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	OB. IF YES. WERE FIN	IDINGS CONSIDERED
DR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg, iNJURY OCCUR? DEATH (notify medical examiner) home, form, foctory, street, office bldg, iNJURY OCCUR?	WAS PERFORMED			N CERTIFYING CAUS	ES OF DEATH?
DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Yeer) (Hour) 21E. INJURY OCCURRED While At Not While At Work 222. I certify that (I) (this hospital) attended the deceased from December 3 19 5 5 5 that (I) (wa) lost saw the deceased olive on Jan 3 19 5 5 ond that in(my) (oby) opinion death occurred on the ond hour and from the causes stated above. (I) (We) (did) (did net) view the body ofter death. 23A. SIGNATURE 23B. DATE SIGNED 23C. PHYSICIAN'S NAME (Hype) BONG HOSPITAL 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CHEMATORY 24D. LOCATION (City, town, of county) (SPACIAL SIGNED) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CHEMATORY 24D. LOCATION (City, town, of county) (SPACIAL SIGNED) 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTORY 24D. LOCATION (City, town, of county) ADDRESS OF THE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTORY 24D. LOCATION 4D. E. Amends.	OP CONTRIBUTING CAUSE OF	B. PLACE OF INJURY (e.g.	office bldg. INJURY OCCUR?	(If in Baltimore-C	City, give exact location)
21D. TIME (Month) (Doy) (Yeer) (Hour) 21E. INJURY OCCURRED While At Work At Wo	▼ DEATH (notify medical examiner) etc				
22. I certify that (I) (this hospital) attended the deceased from December 3 19 5 to Dece	OF INJURY (Month) (Doy) (Year) (Hour) 211	E. INJURY OCCURRED	21F. HOW DID INJUR	Y OCCUR?	
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that (I) (we) lost sow the deceased alive on	22. I certify that (I) (this hospital) attended	the deceased from	December 3 19	65 to Ja	in . 3, 19 6
ond hour ond from the couses stated above. (1) (We) (did) (did not) view the body ofter death. 23A. SIGNATURE Comparison Comparis	that (I) (wa) lost sow the deceased alive on	Jan. 3,			/
23A. SIGNATURE Byong Made Fine, M.D. Attending Med. Stoff Phys. 4 -3 -6 23C. PHYSICIAM'S NAME ITYPE BONG HACK KIMM.D. BON SECOURS HOSAITAL 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, Iown, or county) (S 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, Iown, or county) (S 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTORY 410 18 ADDRESS 25C.	and hour and from the couses stated above. ((I) (W) (did) (did not)			
23C. PHYSICIAN'S NAME (Type) BONG HACK KIMM.D. 23D. ADDRESS BON SECOURS HOSAITM 24A. BURIAL CREMATION, 24B, DATE 24A. DATE (Specify) 25A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 25C. FUNERAL		/		2	3B. DATE SIGNED
23C. PHYSICIANS NAME (Type) BY ONG HACK KIMM.D. 23D. ADDRESS 24A. BURIAL CREMATION, 24B, DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, Iown, or county) (S 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTORY 21D 18 ADDRESS 2 JAN 4 1966 PLANE & LANGE MAN 25C. FUNERAL DIRECTORY 21D 18 ADDRESS 2	Styong Made K	M.D. A	hys. Med. Sto		1-3-66
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Burish Jan 5/64 New Attachal Bolto. Nel 25A. DATE REC'D BY HEADY DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 41018 ADDRESS 2 JAN 4 1966 Registrar 25C. FUNERAL DIRECTOR 41018 Amonts	BIONG MAG	K/19 M.	BON JE	COURS	HOSPITAL
25A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTORY 410 18 ADDRESS 2	24A. BURIAL CREMATION, 24B. DATE / 24C.N	AME of CEMETERY or S	MEMATORY 24D. LOC	ATION (City,	lown, or county) (Sto
JAN 4 1966 Page & Language 25C. FUNERAL DIRECTOR 410 18 ADDRESS 2	1d " 1 (/2 1/1)	7011-1	Altodraa 4	3001	. mel
The Commence of the contract o		OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS CE
VS 150-REV. 1/1/65	JAN 4 1966 (R.C. C.	E. Stankey M. M.	Witte	41016	donondo
	VS 150-REV. 1/1/65	0 0 0	0 0 0 0	1	1711



	TY HEALTH DEPARTMENT	A	66 00037
RTH NO. 55-21409 MEDICAL EXAMINE	R'S CERTIFICATE	OF DEATH Regis	stered No.
I.E. CASE NO.			LECT DIVIN
ype or Print)	2.	DATE AND HOUR PRONOUN	
FRANK J. GAY III PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	IA HICHAI DECIDEN	JANUARY 1, 1	.966 9:10 A.M.
TEACE IN BALLIMORY MARIENTO, WHERE I ROMOUNCED DEAD			nstitution: residence before admission
ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE ST OSPITAL OR ADDRESS OR LOCATION) ISTITUTION	C. CITY OR TOWN	(It outside corporate limits, w	rite RURAL and give township)
C4 A W 1 A 3	Ba STREET ADDRES	Itimore (S (If rurol, give locotion)	11 - 20 20 - 12 20 - 20 - 20 - 20 - 20 -
St. Agnes Hospital		L Edgsdale Rd.	
SEX 6. RACE 7. MARRISO, NEVER MARRI	D 8. DATE OF BIRTH	9. AGE (In yea	rs If Under 1 Yr. If Under 24 Hrs
male white widowed, Divorced (spec	ify) P49.2	# 165 birthdoys	Months, Doys Hours Min.
A. USUAL OCCUPATION (Give kiped of work 108. KIND OF AUSINESS OR	INDUSTRY 1. BIRTHELACE (SIG	ote or foreign country)	12. CITIZEN OF
ne during most of working life, even if retired)	1 m	el	WHAT COUNTRY?
FATHER'S NAME	14 MOTHER'S MAII	DEN NAME	W 3 ac
7. 4 1 1 1 1	man	mah 192	. 00.
WAS DECEASED EVEN IN U.S. ARMED FORCES? 16. SOCIAL	17. INFORMANT	au pe	ADDRESS
es, no orunknown) (If yes, give wor of flotes of service) SECURITY N	in Frank	Say Jul. 4	+11 Edsdal
18.	CAUSE OF DEATH	1/1	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY			ONSET AND DEATH
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	To		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERAT	ION 20A. AUTOPSY?	Yes of No. 208, IF YES, WERE	FINDINGS CONSIDERED
\sim	yes		ves
218. PLACE OF INJUNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	JRY (e.g., in or about 21C. WH street, office bldg.,	ERE DID (If in Boltimore City, CCUR?	give exact location)
21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OC	CURRED 21 F. HOV	DID INJURY OCCUR?	
(APPROX.)	NOT WHILE		
22.	NP NP	1	
i certify that I held on inquiry Inspection		hat on this basis, death in	
resulted from: Natural causes X Accident			nner
ACTUAL (1)		DICAL EXAMINER	DATE SIGNED
SIGNATURE / / / / / / / / / / / / / / / / / / /	A.D. ASSISTANT MED	DICAL EXAMINER X	
EXAMINER'S NAME (Type) Rudiger Breitenecker, M	ASSOCIATE ME	DICAL EXAMINER	1-2-66
	METERY OF CREATATORY	23D. LOCATION (C	ity, town, or county) (State)
Durid Jan 4/66 (Dog	hawn	12alto	· nel
A. DATE REC'D BY HEALTH DEPT. 24B, NAME OF REGISTRAR	24C, FUNERAL	DIRECTOR	ADDRESS
JAN 4 1966 O. Lab E. Fall	ENPARE IN	HOM	SI , au
JAN 4 1300 012000	- Ille	2,41016	symony of
151-REV. 1/1/65		101	

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VS 150-REV. 1/1/65

00 00020	BALTIMORE CITY	HEALTH DEPARTMENT		00 00020
BIRTH NO. 66 00038	CERTIFICA	TE OF DEATH	Registered No	66 00038
M.E. CASE NO. 1, NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
(Type or Print) George DeShazo		Januar	2 1066	18:30 A P. M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When	e deceased lived. If ins	stitution: residence before estmission)
FULL NAME OF (If not in haspitol or institution, gi	us sheet	Maryland		1-04
HOSPITAL OR address ar lacinion)	ve street		side city limits, write A	URAL and give tawnship)
Baltimore City Hospit	als	Baltimore		
R / 4940 Eastern Avenue		D. STREET ADDRESS (IF	rural, give lacation)	
Baltimore, Maryland,	#21224	1018 MC Donog	h Street, #2	1205
WIDOWED,	NEVER MARRIED DIVORCED (specify) rced		9. AGE (In years lost birthdoy) 56	If Under 1 Yr. If Under 24 Hrs. Manths Doys Haurs Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
dane dujing mast of warking life, even if retired)		matt	11:100	WHAT COUNTRY
13. FATHERS NAME	,	14. MOTHER'S MAIDEN NAM	ME	& C
711 7 111		2		
15. Was Detegsed Ever in U. S. Armed Forces?	1 6. SOCIAL	Annie J		ADDRESS
(Yes, no ar unknown) (If yes, give wor or dotes of service)	SECURITY NO.		4040 Taskson	
yes Would War 2			4940 Lastern	Ave., #21224
150 XI	CAUSE OF	FDEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	m	Musselmen	•	11
(This does not mean the mode of dying, e.g.,	(A) DUE TO	auriona	***************************************	1.00.
heart failure, asthenia, etc. It means the disease,	Or.	2 1/2	-	10 4 17
ANTECEDENT CAUSES	(B) (C)	esermaga	10	months.
DISEASES OR CONDITIONS, if ony, giving	DUE TO	wat	anta.	
rise to the obove couse (A) stating the	(C)	mala	masis	
UNDERLYING CONDITION lost.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				100
Y TO THE DEATH BUT NOT RELATED TO THE				
DISEASE OR CONDITION CAUSING IT.	HICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE F	INDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B.		No	IN CERTIFYING CAL	ISES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 218.	PLACE OF INJURY (e.g., in	or obout 21C. WHERE DID	(If in Baltimore	City, give exact lacation)
DEATH (notify medical examiner) etc.)	, form, factory, street, or	fice bldg., INJURY OCCUR?		
21D. TIME (Month) (Day) (Year) (Haur) 21E.	INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
₩ OF INJURY	e At Not While			
Wark				1 2 11
22. I certify that (I) (this hospital) attended th	e deceosed from		19 63 to	-2 19.66.
thor(1) (we) lost sow the deceased alive an	1-6	7	ot in (my) (our) opin	nion death accurred on the dote
ond hour and from the causes stated above.	(We) (did) (did not) v	iew the body ofter death.		
23A. SIGNATURE	44.0 44.	andian C Adad C	Seatt from	23B. DATE SIGNED
I WINCOU	Phys		Stoff Phy s	1-2-60.
23C. PHYSICIAN'S NAME (Type)	1	23D. ADDRESS		
DR. K. R. TUCKER	M.D.	4940 Eastern Ave	nue, Balto.	Md., #21224
	ME of CEMETERY OF CRE			y, tawn, ar county) (State)
Temeson!		m	na Etimeni	elle Ma.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME O	F REGISTRAR	25C, FUNERAL DIRECTOR	2 il	ADDRESS ,
JAN 4 1966 Relieb	E tarberMA	You STIP	Chelegar. 1	1297 Cacking
100000000000000000000000000000000000000				



1001	BIRTH NO. 66 00039 M.E. CASE NO.		TE OF DEATH Registered I	No. 66 00039
deat cease on th Suc	1. NAME OF DECEASED (Type or Print) LUTHER L. LEAK	E	January 1, 196	
se; (5) Decendance of to death.	FULL NAME OF HOSPITAL OR oddress or locotion) THE NAME OF HOSPITAL OR ODDRESS OF LOCOTION	ve street	4. USUAL RESIDENCE (Where deceased lived. A. STATE B. COUNTY Maryland C. CITY OR TOWN (If outside city limits, w Baltimore	If institution: residence before admission)
d cau r att	Sinai Hospital		D. STREET ADDRESS (If rurol, give location) 3607 Copley Road)
ntribu rmine egula ased s mad		DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In yeors lost highdoy) 51	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
dece	done during most of working life, even if retired) Mechanic Service	Station	11, BIRTHPLACE (Stote or foreign country) Laurens, S. C.	12. CITIZEN OF WHAT COUNTRY?
(4) Ur was the isposi	13. FATHER'S NAME Hiram Leake		14. MOTHERS MAIDEN NAME Nettie Span	3.3.4.1
the dire kind; (4 death nce on t	(Yes, no or unknown) (If yes, give wor or dotes of service)	6. SOCIAL SECURITY NO. 251-01-6420	17. INFORMANT Athalia Leake - 3607 C	opley Road
Also, if e of any nounced attenda	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE O	Corvnay Thank	INTERVAL BETWEEN ONSET AND DEATH
acture pronc ular a mbain	(This daes not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		www.g. Heat	
A fr ho regi	ANTECEDENT CAUSES	DUE TO	71-100	No logical

420.1	CAUSE OF DEA	чин		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	in C	ownay	The market	ONSET AND DEATH
(This does not mean the made of dying, heart failure, osthenia, etc. It means the diserinjury or complication which coused death.)	ise,			***************************************
ANTECEDENT CAUSES	(B) CP	vorig!	Hent Pisco	e 109
DISEASES OR CONDITIONS, if any, give				,
rise to the above cause (A) stating UNDERLYING CONDITION lost.	lhe (C)	***************************************		77 AA AA O O O O O O O O O O O O O O O O
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	TING THE			
19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION 20	PA. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDING IN CERTIFYING CAUSES	NGS CONSIDERED OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	218 PLACE OF INJURY (e.g., in or of home, form, foctory, street, office bletc.)	bout 21 C. WHERE DID ldg., INJURY OCCUR?	(If in Boltimore City,	, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
(APPROX.)	While At Not While Work At Work			
22. I certify that (I) (this hospital) attende	ed the deceased from	1/	430111	1961

and hour and from the couses stated above. (1) (We) (did) (did nat) view the body ofter deoth. 238. DATE SIGNED Attending Phys. Med. Director

24C. NAME of CEMETERY OF CREMATORY

or county) Baltimore, Maryland

and that in (my) (aur) opinion death occurred on the date

New Cathedral Cemeter Neral Director

ADDRESS

802 Madison Ave. VS 150-REV. 1/1/65

that (I) (we) lost saw the deceased alive an / 1.2

248. DATE

23A. SIGN AT URE

23C, PHYSICIAN'S NAME (Type)

24A. BURIAL CREMATION, REMOVAL (Specify)

25A. DATE REC'D BY HEALTH DEPT.

Burial



	66 00040)	BALTIMORE CITY	HEALTH DEPARTMEN		66 00040
BIRTH NO. M.E. CASE NO.	00 0001		CERTIFICA	TE OF DEATH	Registered Na.	
NAME OF DE	CEASED				AND HOUR OF DEATH	
Type or Print)	LAVINIA	CLASH	BRENT		1-2-66	3.45/4
. PLACE OF DE	ATH IN BALTIMORE, MA	ARYLAND		4. USUAL RESIDENCE	Where deceased lived. If i	nstitution: residence before admissi
FULL NAME	OF (If not in hospital	l or institution, giv	e street	MARYL		13-04
HOSPITAL OR		on)	511661	C. CITY OR TOWN (I	f outside city limits, write	RURAL and give township)
		0 110 -	- USA DIZI	BALTIL	IORE	
FR.	ANKLIN S	CUARE	= 9405P1/AL	D. STREET ADDRESS		
				3440	AUCHENTOR	COLY TERRACE
s. SEX	6. RACE		EVER MARRIED DIVORCED (specify)	8-10-82	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 h Months Doys Hours Min
			USINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
	f working lite, even if retired) E いただ			BALTIM	ORE HO	U-S A
3. FATHER'S NA				14. MOTHER'S MAIDEN	/	
	JOHN CL.	1 6 11			HHITTING TON	
					ANI TINE TO	
5. Was Deceose Yes, no or unknow	d Ever in U. S. Armed Fo	orces? tes of service)	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
113			2	MEDI	CAL RE	CORDS
1B. 4/5	0.1 1		CAUSE O	F DEATH		INTERVAL BETWEEN
DISEA	ASE OR CONDITION D	IRECTLY				ONSET AND DEATH
	LEADING TO DEATH	1	(A) M)	10CHCDIL	+ T IHAM	CTION
(This does	nal mean the made a , asthenia, etc. It mean	of dying, e.g.,	DUE TO C	UROHARY	ATHERUSCL	ERUSIS
	mplication which cause		110	6.14	,,	
	ANTECEDENT CAUSE	S	(B)	1-101.671	TRUMBUST.	136
DISEASES	OR CONDITIONS, if	ony, giving	BI	LATERALI	17/20/201303.	
	he above cause (A)	stating the	(C)	ZENAL AI	tiurie 5	
UNDERLIIN	IG CONDITION last.					
Z OVILED SIGN		CONTRIBUTING				
E TO THE	VIFICANT CONDITIONS DEATH BUT NOT REL	LATED TO THE				
	F OPERATION CAUSING		HICH OPERATION	20A. AUTOPSY? (Yes	or No. 20B. IF YES. WERE	FINDINGS CONSIDERED
19A. DATE C		RFORMED		URD-		AUSES OF DEATH?
U 21A. ACCID	ENT WAS UNDERLYING	21 B. P	LACE OF INJURY (e.g., in	or about 21 G. WHERE DI	D (If in Boltimo	re City, give exact lacation)
OR CONTRIE	SUTING CAUSE OF	home,	lorm, factory, street, of	fice bldg., INJURY OCCU	R?	
0			NJURY OCCURRED	215 110 11 515	INJURY OCCUR?	
OF INJURY	(Month) (Doy) (Yeor		At Not Whil		INJURY OCCUR:	
(APPROX.)		****				
22. 1 certif	y that (1) (this hospite	al) attended the	deceased from	Dec 23	19 65 to	JAN . 19 60
	a) last saw the deceas		JAN 2			inian death accurred an the
			(W.,\ (J) (J)			
23A, SIGNAT		dred dbdve. (1)	(we) (ala) (ala nat) v	iew the bady after dec	210.	23B, DATE SIGNED
23A. SIGNAI	VO. B	2010	M.D. Atte	ending Med.	Stoff -	
1	-1-al po	og w	Phy	s. Med. Director	Phys.	1-2-66
PAYSICI NAME	ANTS (Type) JACIA	570 V.	DE BORVA.D.	23D. ADDRESS FRANK	LIN SOUN	1-2-66 +RE HOSPITA
24A. BURIAL CR	EMATION, 248. DATE	24C. NA	ME of CEMETERY of CR			City, town, or county) (State
REMOVAL	- 1 11	3.54	0.7			
Burial	D BY HEALTH DEPT.	25B. NAME OF	Calvary	25C. FUNERAL DIREC	Baltimore, Ma	ryland Address
DAL DATE REC		DO B	& falle MA			
	JAN 4 1966	Howard.		Charles R.	Law 802 Mad	ison Ave.
VS 150-REV. 1/1	/65	1 2 0	C) E	0 0 0	1	

ENGLY WALTER FOR

	66 00041		BALTIMORE CITY	HEALTH DEPARTMENT		66 00041
BIRTH NO.	06 00041		CERTIFICA	TE OF DEATH	Registered Na.	
M.E. CASE NO					D HOUR OF DEATH	
(Type or Print)		G. Flau	++		1, 1966	5:00 A
. PLACE OF	DEATH IN BALTIMORE, MA			4. USUAL RESIDENCE (When	e deceased lived. If i	nstitution: residence before admissio
				A. STATE B. COUN	TY	27 118
HOSPITAL (OR oddress or lacotio	or institution,	give stroet	Maryland c. city or town (if out	eido city limite unito	2118 of and air towardin
INSTITUTION				Baltimore	side city littles, wille	KOKAL Olid giyo lownship)
n	813 Evesh				rurol, give location)	
U	Baltimore	, Md.	21212	813 Evesham Av		
. SEX	6. RACE	7. MARRIED,	NEVER MARRIED		9. AGE (In years	If Under 1 Yr If Under 24 H
Female	White	Wido	**	Oct. 25, 1876	lost birthdoy) 89	Months Doys Hours Min.
OÀ, USUAL O	CCUPATION (Give kind of wor it of working life, even if retired)	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
Homems				Baltimore, Md.		USA
3. FATHERS	NAME			14. MOTHER'S MAIDEN NAM	ΜE	
	Edward Timanus			Mathalda Frazie	20	
S. Was Deenn	sed Ever in U. S. Armed Fo	tce s?	1 6. SOCIAL	17. INFORMANT		ADDRESS
res, no or unkn	own! (II yes, givo wor or dot	es ol servico)	SECURITY NO.	J. Gordon Flau		
No			213-48-0003	1236 Circle Dr	ive, Arbutu	
1B. 4	120.11		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DIS	EASE OR CONDITION DI	RECTLY	Wa	may Do	aple i	Co of the
(This doo	LEADING TO DEATH	dvina ac	(A) DUE TO	7 1 1 2 00	rusin	- Lety T
heort foils	ure, asthenia, etc. It meons	the disease,			P	
injury or	complication which caused	death.)	(1)	and the		20 261
	ANTECEDENT CAUSES	5	(B) DUE TO	ouaz Morm	e-sour you	The state of the s
DISEASES	OR CONDITIONS, if	any, giving				U
	the obove cause (A)	sloting the	(C)			
ONDERE						
Z OTHER S	GNIFICANT CONDITIONS	ONTRIBILITINA	G			
TO THE	OR CONDITION CAUSING	ATED TO TH	Ē			
	OF OPERATION 198. COM	IDITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE	FINDINGS CONSIDERED
	WAS PER	FORMED		/-	IN CERTIFYING CA	AUSES OF DEATH?
21A. ACC	IDENT WAS UNDERLYING RIBUTING CAUSE OF	21 B.	PLACE OF INJURY (e.g., in	or obout 21C. WHERE DID	(If in Boltimo	re City, give exact location)
< DEATH (n.	RIBUTING CAUSE OF offy modical examiner	hom otc.	ne, form, foctory, stroet, of	fice bldg., INJURY OCCUR?		
				215 Haw ala	Uny Occurs	
OF INJUR	Υ		INJURY OCCURRED Not While	21 F. HOW DID INJ	UKT OCCUR?	
(APPROX.)		Wh				
22. I cert	tify that (I) (This hospita	t) attended t	he deceased fram	una 1	1925 to 16	m/ 1966
	we) last saw the deceas		10 3-11	/ \	1	inian death accurred on the de
					ar minny, towards	men death decoured on the di
	1	ted abave, (।) (गंड) (did) (did n at) v	iew the body after death.		lean Bass statistic
23A. SIGN	1)00. 0 L (C	10	7	onding Med.	Sto#	23B, DATE SIGNED
	www.c	and	M.D. Atto	onding Med. Director	Stoff Phys.	1/2/66
23C. PHYSI NAM	ICIAN'S E (Type)	/		23D. ADDRESS		
	Charles	E. Carr	Jr. M.D.	3900 N. Char	les St.	
4A. BURIAL	CREMATION, 24B. DATE	24C. N	AME of CEMETERY OF CRE	MATORY 24D. LC	OCATION (C	City, town, or county) (Stoto)
Burial	1/4/66	Ton	don Paris Come			
	C'D BY HEALTH DEPT.		don Park Ceme	25C. FUNERAL DIRECTOR	timore, Md.	ADDRESS
JA: DATE RE	JAN 4 1966	DO R	E. FarberMA	Eugenia K. Se	itz 5209 Yo	ork Road
		Mockey	C. Acetachian	Seitz Funeral	Home Ball	to. Md. 21212
\$ 150-REV. 1	/1/65 ->	1 4 1	0 11.17 6	0 0 1 0		

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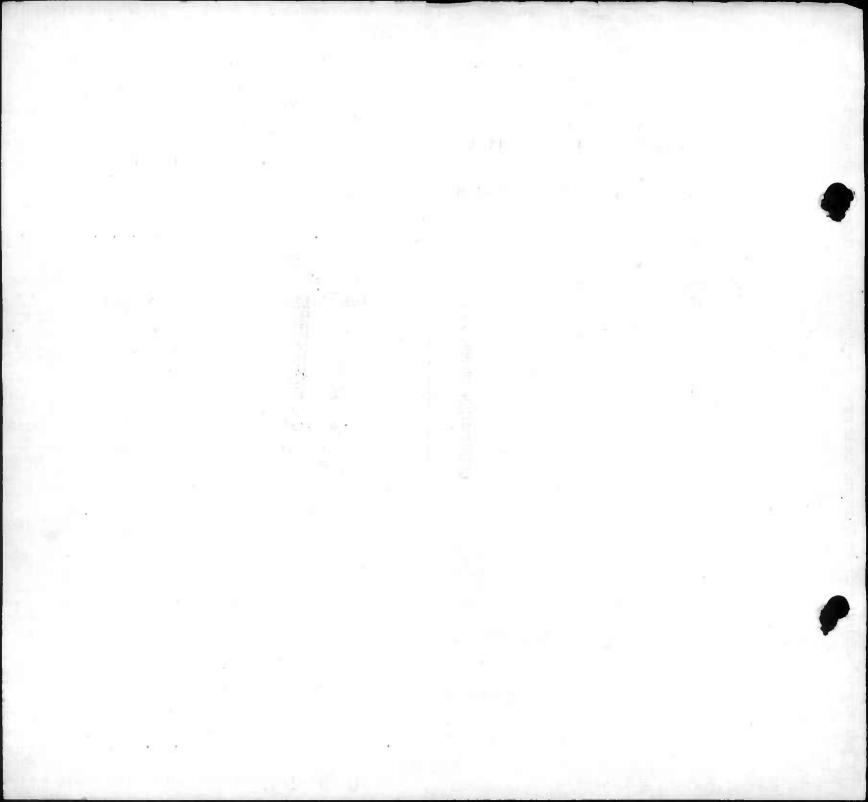


66	()()	04	200-00008
ATLL			

TANNIE MICELT 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION City Hospital City Hospital 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married Married 8/10/1896 10A. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)	ate limits, write RURAL and give township) Casian) GE (In years birthday) Manths, Doys Haurs, Min.
TANNIE MICELI 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) City Hospital City Hospital 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married Married 8/10/1896 1004. USUAL RESIDENCE (Where decease A. STATE Maryland C. CITY OR TOWN (if autside carpord Baltimore D. STREET ADDRESS (If rural, give location) Married Married 1004. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)	ate limits, write RURAL and give township) ate limits, write RURAL and give township) acetian) AGE (In years birthday) Months, Days Haurs, Min. Months, Days Haurs, Min. My MAT COUNTRY?
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET City Hospital City Hospital 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) WIDOWED, DIVORCED (specify) Married 8/10/1896 10A. USUAL RESIDENCE (Where decease A. STATE Maryland C. CITY OR TOWN (if quiside carpore and the company of the c	d lived. If institution: residence before admission) B. COUNTY ate limits, write RURAL and give tawnship) Casian) AGE (In years If Under 1 Yr. If Under 24 Hrs. birthday) Months, Doys Haurs Min. 69 12. CITIZEN OF WHAT COUNTRY?
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET City Hospital City Or Town (if outside carpara Baltimore D. STREET ADDRESS (If rural, give load Maryland C. CITY OR TOWN (if outside carpara Baltimore D. STREET ADDRESS (If rural, give load Maryland C. CITY OR TOWN (if outside carpara Baltimore D. STREET ADDRESS (If rural, give load Maryland C. CITY OR TOWN (if outside carpara Baltimore D. STREET ADDRESS (If rural, give load Maryland C. CITY OR TOWN (if outside carpara Baltimore D. STREET ADDRESS (If rural, give load Maryland C. CITY OR TOWN (if outside carpara Baltimore D. STREET ADDRESS (If rural, give load Middle Street Ad	ate limits, write RURAL and give tawnship) Cation) AGE (In years If Under 1 Yr. If Under 24 Hrs. birthday) Months, Days Haurs Min. 69 12. CITIZEN OF WHAT COUNTRY?
City Hospital D. STREET ADDRESS (If rural, give low 3219 Fait Ave 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify) Female Married Married 8/10/1896 100. USUAL OCCUPATION (Give kind of work) 108. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)	AGE (In years birthday) Months, Days Haurs Min.
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	WHAT COUNTRY?
done during most of working life, even if retired) housewife home Italy	0 . D . M .
13. FATHER'S NAME	
San Joseph D'Anna Rose Savio	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no grunknown) (If yes, give wor or dates of service) No 16. SOCIAL SECURITY NO. 219-01-4406 Mr. Peter A. Mi	iceli 5510 Relorest
18. CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
heort failure, asthema, etc. It means the disease, injury or complication which coused death.) ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION 20A, AUTOPSY? (Yes or No) 20B, IF	VES. WERE EINDINGS CONSIDERED
WAS PERFORMED TO TERATION TO WHICH OPERATION 2005. IF	YES, WERE FINDINGS CONSIDERED TIFYING CAUSES OF DEATH?
218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Bol UNDERLYING CONTRIB- UTING CAUSE OF DEATH. 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Bol Injury OCCUR? 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Bol Injury OCCUR? 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Bol Injury OCCUR? 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Bol Injury OCCUR? 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Bol Injury OCCUR? 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Bol Injury OCCUR? 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Bol Injury OCCUR? 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Bol Injury OCCUR? 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Bol Injury OCCUR? 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Bol Injury OCCUR? 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Bol Injury OCCUR? 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Bol Injury OCCUR? 219. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Bol Injury OCCUR? 210. TIME (e.g., in or about 21C. WHERE DID (If in Bol Injury OCCUR? 210. TIME (e.g., in or about 21C. WHERE DID (If in Bol Injury OCCUR? 210. TIME (e.g., in or about 21C. WHERE DID (If in Bol Injury OCCUR? 210. TIME (e.g., in or about 21C. WHERE DID (If in Bol Injury OCCUR? 210. TIME (e.g., in or about 21C. WHERE DID (If in Bol Injury OCCUR? 210. TIME (e.g., in or about 21C. WHERE DID (If in Bol Injury OCCUR? 210. TIME (e.g., in or about 21C. WHERE DID (If in Bol Injury OCCUR? 210. TIME (e.g., in or about 21C. WHERE DID (If in Bol Injury OCCUR? 210. TIME (e.g., in or about 21C. WHERE DID (If in Bol Injury OCCUR? 210. TIME (e.g., in or about 21C. WHERE DID (If in Bol Injury OCCUR? 210. TIME (e.g., in or about 21C. WHERE DID (If in Bol Injury OCCUR? 210. TIME (e.g., in or about 21C. WHERE DID (Injury OCCUR? 210. TIME (e.g., in or about 21C. WHERE DID (Injury OC	h of Hudson St.
(APPROX.) 1-1-66 8:00 A m. WHILE AT NOT WHILE X Pedestrian st	truck by auto
I certify that I held on Inquiry Inspection Xitopsy X and that on this basis	DATE SIGNED
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATIO	N (City, town, ar caunty) (State)
REMOVAL (Specify) Birial 1/5/66 Gardens of Faith Baltin 24A: DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24G FUNERAL DIRECTOR	nore, Maryland ADDRESS A 263. 5. Conkly 5

William 1. 1990 H. O. C. L. C. C. C. C. C. THE PERSON NEWS Concessor to their sections of the latest the section of the latest the section of the latest the l

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V	and ased the Such		AME OF DECEASED	00010			2. DATE A	ND, HOUR OF DEATH	4
E	f deceasion on the Sin	(Тур	pe or Print) EL	-/ZAB	ETH	PA	RIDE	13/60	5 32 MM
0	De De L	3. 1	PLACE OF DEATH IN BALTIA	ORE, MARYLAND			4. USUAL RESIDENCE (Wh	ere deceased lived. If	institution: residence before admission)
-d	osp 6 5) nc lec		FULL NAME OF (If not in	n haspital ar institut	tion, give street		MARYLAN	1 D	1000
ta			HOSPITAL OR oddress	or location)			C. CITY OR TOWN (If a		RURAL and give township)
D,	E 34.	1	JOHNS HOPK	INS HOSE	PITAL		D. STREET ADDRESS	MURE	
Hospi	ting d ca d ca prior		OUNNS HOLK	1113 11031	1105			EAGER ST	REET
itti	1 0 0 D	5. 5	EX 6. RACE	7. MAR	RIED, NEVER MAR	RIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
W	occur contrib ermir regul eased		F C	WINS	owed, divorced arried	(specify)	10/ 9/29	lost birthdays	Months Days Haurs Min.
25	cor cor eter n re		USUAL OCCUPATION (Give during most of working life, ever		D OF BUSINESS O	R INDUSTRY	11. BIRTHPLACE (State or for	eign cauntry)	12. CITIZEN OF WHAT COUNTRY?
do	inde	don	, doring most of working the, ever	110000			Va.		U.S.A.
H	de vas	13.	FATHER'S NAME				14. MOTHER'S MAIDEN NA	ME	
S. F	rec (4)		HENRY JOHN	SON			Ida Hollma	n	
Johns	ind; eath eath ald	15. (Ye:	Was Deceased Ever in U. S. s, na arunknawn) (II yes, give v	Armed Forces?	ice) 1 6. SOCIAL	a NG	17. INFORMANT		ADDRESS
J.	the the the kir de de ina		no		- F		Ida Hollman	904 H11:	l Chapel
he J	s as if any ced ndar		18. 4.30.01	4322	. / 1	CAUSE O			INTERVAL BETWEEN ONSET AND DEATH
The	E 0 + E 6 D		DISEASE OR CONDI		APPROVED		CUTE		
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04	der.		heart failure, asthenia, etc.	It means the dise	ease, d				0 0
cro	fra o gull		ANTECEDENT	CAUSES	Z	54	BACUTE	BACTER	1A4 : Several
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S A	medical ledical burns; hysici n was remai	ON	OTHER SIGNIFICANT COND	NOT RELATED TO	UTING THE	٤			
Wa	TEXO.DO	CATI	DISEASE OR CONDITION C	AUSING IT.		ATION	20A. AUTOPSY? IVes of N	a) 20R IF YES WERE	FINDINGS CONSIDERED
7	shie Bod the ysic e th	RTIFIC	2	WAS PERFORMED			yes	IN CERTIFYING C	AUSES OF DEATH?
Ed.	he (2)	2	21 A. ACCIDENT WAS UNDE	RLYING	21B. PLACE OF I	NJURY (e.g., i	n or about 21 C. WHERE DID	IIf in Baltimo	ore City, give exact location)
Pride ahamu	he No	CAL	DEATH Inotify medical exami		etc.)	.,,	, and single, the single singl		
H	hospinatur matur ept w d (6)	MEDI	21 D. TIME (Manth) (Do OF INJURY	y) (Year) lHaur)	21E. INJURY OC		21F. HOW DID IN	JURY OCCUR?	
th		2	IAPPROX.)		While At Wark	Not Whil At Work	e 🗌		
4	the the an		22. I certify that UT (this					19 64 to	19
23	to t								oinian death occurred an the date
Eli Dr	sed sed sent control spite			uses stated abov	ve. (1) (We) (did)	(dld not) v	riew the body after death.	•	
田口	der de mu		23A. SIGNATURE	MS	hank	AA D Atte	ending Med.	Stoff -	23 B. DATE SIGNED
of	E de cei			, ,,		M.D. Atte		Stoff Phy s.	1/3/66
	as r n a at rior rov		23C. PHYSICIAN'S NAME IType)	NM. S	SHENK	M.D.	23D. ADDRESS 550		ROADWAY
body	was was A. A. A. a. a. b. rippr	244			C. NAME of CEM		BA4	LOCATION /	YD 21205 City, town, or county) (Stote)
The bod approva	certifoody /s: (1) D.O. ased		REMOVAL (Specify)	1 11 .			major major		
The		_	Burial 1	/9/65 DEPT. 258. NA	Rosevelt	Mem.	Pk 256, FUNERAL DIREGIO	Norfolk,	Va.
E A	This the shover was decement			1966 R.C.			De-	le Pos.	
		US.	150-REV. 1/1/65	AND AIVER			1 9 1/9	THE	<u> </u>



VS 151-REV. 1/1/65

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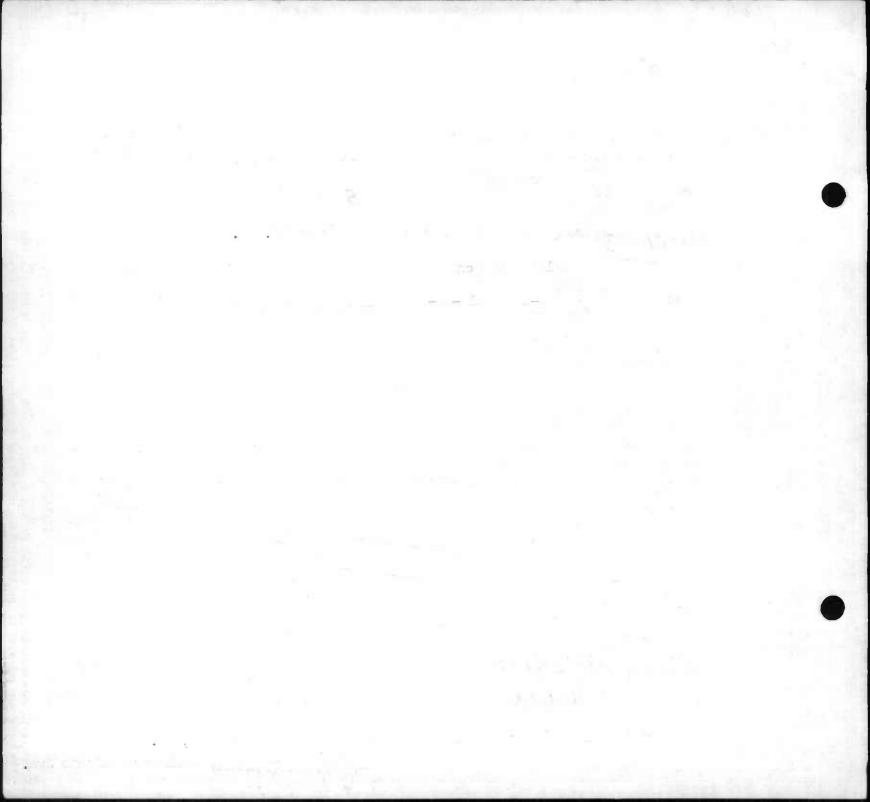
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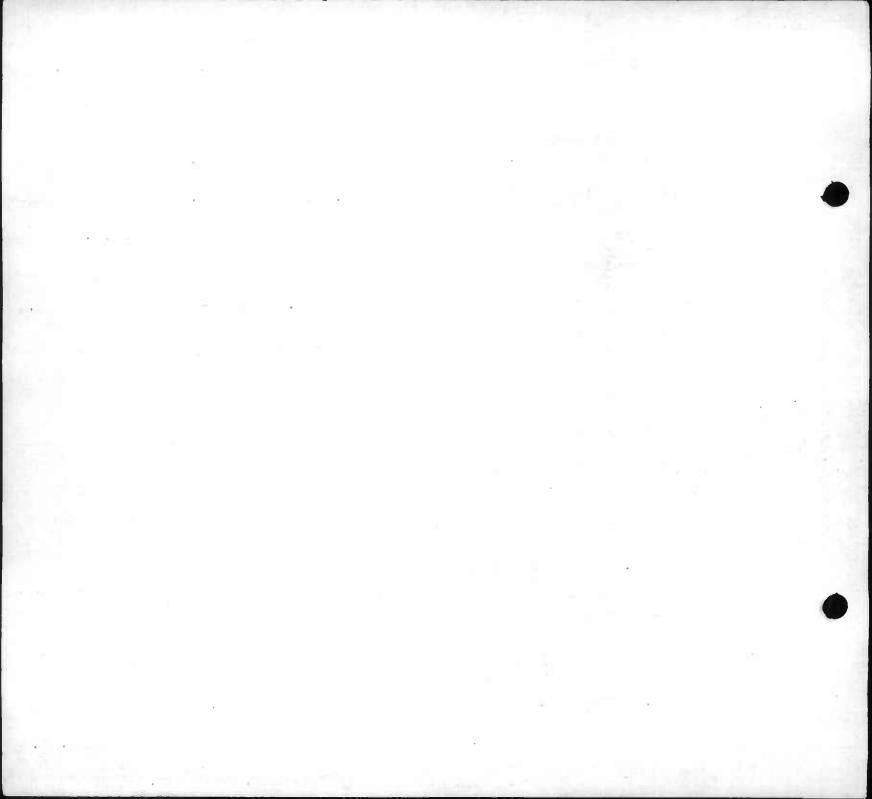
BALTIMORE CIT	Y HEALTH DEPARTMENT
BIRTH NO. 66 00045 CERTIFICA	ATE OF DEATH Registered No. 66 00045
M.E. CASE NO. 1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(Type or Print) Sturm, William A.	1-2-66 1 pm.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Whore deceased lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (If not in hospital or institution, give street	MARYLAND, BALTIMORE
INSTITUTION	C. CITY OR TOWN (If outside city limits, write-RURAL and give township) BALTIMORE
SINAI HOSPITAL OF	D. STREET ADDRESS (If rurol, give lacotian)
BALTIMORE.	4806 Homer Ave #15
5. SEX 6. RACE WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years last birthday) 9. AGE (In years Months; Days Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHERS MAME of Clerk Soc, See, Adm	BALTO, Md. USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Anthomy Sturm	Elizabeth Knauss
15. Was Decased Ever in U. S. Armod Forces? (Yes, na ar unknown) (If yes, give war ar dates of service) SECURITY NO.	17. INFORMANT 5356 Carriage L+
Yes 212-01-3573	HARRY M. WALEN BALTO 24, Md
1 7 2 01/	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	sere Coronary Priery disease 10 months
	7212 301 611 61 7 7 1 7 613 628 6
heart failure, asthenia, etc. It means the discose, injury ar complication which coused deeth.)	(1/7)
ANTECEDENT CAUSES (B) DUE TO	SCVD many years
DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stoting the (C)	
UNDERLYING CONDITION lost.	
Z CONTROLLED	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE CHOCK P USEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (6.9.	Muny years [20A. AUTOPSY? (Yes or No)] 20B. IF YES, WERE FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
o vone	
	in or about 21 C. WHERE DID (If in Baltimare City, give exact lacolian) office bldg., INJURY OCCUR?
OF INJURY (Month) (Doy) (Year) (Haur) White At Not Willed	21F. HOW DID INJURY OCCUR?
	ite
Work At Wor	
22. I certify that (1)(this haspital) attended the deceased from that (1) (we) lost saw the deceased alive on	19 6 and that in(my) (our) apinion death occurred on the date
ond hour ond from the couses stoted obove (I) (We) (did) (did not)	
23A. SIGNATURE	23B. DATE SIGNED
Stalen M.D. A	thending Mod. Statt ys. Director Phys. 1-7-66
23 G. PHYSICIANS NAME (Typo)	23D. ADDRESS
HARRY M. WALEN M.C	5356 Carriage Court Dalto, 29, Md
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF C	O The state of the
Burial 1/6/66 Cathedral Cemet	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Library dimmen, 4611 Park Heights Ave.





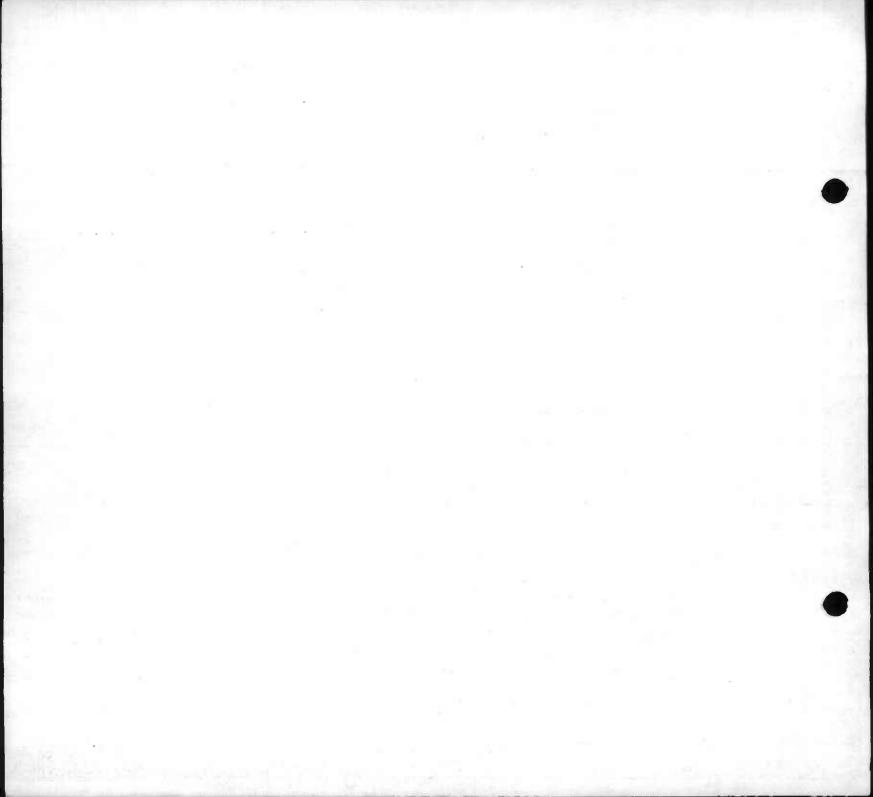
VS 150-REV. 1/1/65

	E. CASE NO.	SED			2, DATE AN	Registered No	
Ту	pe or Print)	Gertrude M	ad isor	1	Janu	ary 2,19	66 1 2 4
3.	PLACE OF DEAT	H IN BALTIMORE, MA	RYLAND	*	4. USUAL RESIDENCE (When	e deceased lived, If	institution: residence before admiss
					A. STATE B. COUN	11 7 +	-3-
	FULL NAME OF HOSPITAL OR	(If not in hospital address or location		give street	Maryland	<u> </u>	0 5
	INSTITUTION				C. CITY OF TOWN (If out	side city limits, write	e KUKAL and give township)
1	The 1	Mount Conv	alesce	ent Home		rural, give location)	
6	370	6 Nortonia	Rd.		2359 Annapo		
5. 9		RACE		NEVER MARRIED		9. AGE (In years	If Under 1 Yt. If Under 24
f	emale	white	Widde	D, DIVORCED (specify)	Oct 2 1888	ast birthdoyl	Months Days Hours Mir
OA	USUAL OCCUP	ATION (Give kind of work	10B, KIND O	BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF
ion	Housew:		20.00		77 7 1 1 1		WHAT COUNTRY?
3.	FATHERS NAME		non	16	Baltimore M.	aryland	U.S.A.
ľ							
-		Quinn				lliamson	
5. Ye:	s, no or unknown)	ver in U. S. Armed For If yes, give war ar date	rces? es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	no	none		none	Daniel W. Mag	1150n-235	9 Annapolis Rd
	1B. H.20	./ 1			OF DEATH		INTERVAL BETWEEN
	DISEASE OF CONDITION DIFFCTLY						
	LEADING TO DEATH a Criterioscleratic heart disease						54000
	heori failure, asthenia, etc. 11 means the diseose, injury ar camplication which coused death.)						
	milety at eartipe	icanon which consen	deam./				
				(B)			
	AN	NTECEDENT CAUSES		(B)	***************************************		
	DISEASES OR		any, giving	DUE TO			
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NOI	DISEASES OR rise to the UNDERLYING	CONDITIONS, if abave cause (A) CONDITION (asi.	any, giving stating the	(C)			
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MEDICAL CERTIFIC	DISEASES OR rise In the UNDERLYING OTHER SIGNIFIC TO THE DEADISEASE OR CO. 19A. DATE OF CO. 21A. ACCIDENT OR CONTRIBUTE DEATH (notify more properly of the	CONDITIONS, if abave cause (A) CONDITION (A) (CONDITION CONDITIONS CAUTH BUT NOT RELA CONDITION CAUSING IN CAUSING IN CAUSING IN CAUSE OF LEGICAL Examiner) WAS UNDERLYING NO CAUSE OF LEGICAL Examiner) Manth) (Day) (Year) Month) (Day) (Year)	any, giving stating the CONTRIBUTIN ATED TO THE TOTAL TO THE TOTAL	G WHICH OPERATION PLACE OF INJURY (e.g., ne, form, foctory, street, net, net, net, net, net, net, net,	20A. AUTOPSY? (Yes or No) 71-0 71-	20B. IF YES, WERE IN CERTIFYING C (If in Boltimo	E FINDINGS CONSIDERED AUSES OF DEATH? DIE City, give exoct location)
MEDICAL CERTIFIC	DISEASES OR rise In the UNDERLYING OTHER SIGNIFIC TO THE DEADISEASE OR CO. 19A. DATE OF CO. 21A. ACCIDENT OR CONTRIBUTE DEATH (notify more properly of the	CONDITIONS, if abave cause (A) CONDITION (asi. CONDITION (asi. CANT CONDITIONS CATH BUT NOT RELADITION CAUSING IN CAUSI	any, giving stating the CONTRIBUTIN ATED TO THE TOTAL TO THE TOTAL	G WHICH OPERATION PLACE OF INJURY (e.g., ne, form, foctory, street, net, net, net, net, net, net, net,	20A. AUTOPSY? (Yes or No) 71-0 71-	20B. IF YES, WERE IN CERTIFYING C (If in Boltimo	E FINDINGS CONSIDERED AUSES OF DEATH? DIE City, give exact location) 19 66 Sinion death accurred an the o
MEDICAL CERTIFIC	DISEASES OR rise to the UNDERLYING OTHER SIGNIFICATION THE DEADISEASE OR CO. 19A. DATE OF CO. 21A. ACCIDENT OR CONTRIBUTE DEATH (natify more of injury (APPROX.) 22. I certify the thot (I) (wee) to and haur and find the contribution of the con	CONDITIONS, if abave cause (A) CONDITION (asi. CONDITION (asi. CANT CONDITIONS CATH BUT NOT RELADITION CAUSING IN CAUSI	any, giving stating the CONTRIBUTIN ATED TO THE TOTAL TO THE TOTAL	CO (C)	20A. AUTOPSY? (Yes or No) 7 in ar about 21 C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY 19 65 and that view the bady after death.	20B. IF YES, WERE IN CERTIFYING C (If in Boltimo	E FINDINGS CONSIDERED AUSES OF DEATH?
MEDICAL CERTIFIC	DISEASES OR rise to the UNDERLYING OTHER SIGNIFIT TO THE DEADISEASE OR COLORATE OF CONTRIBUTE DEATH (notify more properties) 21A. ACCIDENT OR CONTRIBUTE DEATH (notify more properties) 21D. TIME OF INJURY (APPROX.) 22. I certify the thot (I) (we) to and have and for the properties of the properti	CONDITIONS, if abave cause (A) CONDITION last. CONDITION last. CANT CONDITIONS CAUSING IN CONDITION CAUSING IN CONDITION CAUSING IN CAUSING I	any, giving stating the CONTRIBUTIN ATED TO THE TOTAL TO THE TOTAL	CO (C)	20A. AUTOPSY? (Yes or No) 70-0 71-	208. IF YES, WERE IN CERTIFYING C (If in Boltimo	E FINDINGS CONSIDERED AUSES OF DEATH? DIE City, give exact location) 19 66 Sinion death accurred an the o
MEDICAL CERTIFIC	DISEASES OR rise In the UNDERLYING OTHER SIGNIFIC TO THE DEADISEASE OR CO. 19A. DATE OF CO. 21A. ACCIDENT OR CONTRIBUTE DEATH (notify or INJURY (APPROX.) 22. I certify the thot (I) (we) Ice and haur and for Injury (APPROX.) 23A. SIGNATURE 23C. PHYSICIAN NAME (Typ.	CONDITIONS, if abave cause (A) CONDITIONS, if abave cause (A) CONDITION (A) (A) CONDITION (A) (A) CONDITION (A) CAUSING (A) (A) CONDITION (A) CAUSING (A) CAUSE OF (A)	any, giving stating the CONTRIBUTIN ATED TO THE CONTRIBUTION FOR FORMED 21E Whom etc. (Hour) 21E Whom etc. (Hour) 21E Whom etc.	DUE TO (C) G G E WHICH OPERATION A. PLACE OF INJURY (e.g., ne, form, foctory, street, ne, form, foctory, ne, f	20A. AUTOPSY? (Yes or No) 7 in ar about 21 C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY 19 65 and that view the bady after death.	20B. IF YES, WERE IN CERTIFYING C (If in Boltimo	E FINDINGS CONSIDERED AUSES OF DEATH? DIE City, give exact location) 19 66 Sinion death accurred an the
MEDICAL CERTIFIC	DISEASES OR rise In the UNDERLYING OTHER SIGNIFIC TO THE DEADISEASE OR CO. 19A. DATE OF CO. 21A. ACCIDENT OR CONTRIBUTE DEATH (notify or INJURY (APPROX.) 22. I certify the thot (I) (we) Ice and haur and for Injury (APPROX.) 23A. SIGNATURE 23C. PHYSICIAN NAME (Typ.	CONDITIONS, if abave cause (A) CONDITION (asi. CONDITION (asi. CANT CONDITIONS CATH BUT NOT RELADINATION (A)	any, giving stating the CONTRIBUTIN ATED TO THE CONTRIBUTION FOR FORMED 21E Whom etc. (Hour) 21E Whom etc. (Hour) 21E Whom etc.	DUE TO (C) G G E WHICH OPERATION A. PLACE OF INJURY (e.g., ne, form, foctory, street, ne, form, foctory, ne, f	20A. AUTOPSY? (Yes or No) The property of the	208. IF YES, WERE IN CERTIFYING C (If in Baltimo	E FINDINGS CONSIDERED AUSES OF DEATH? DIE City, give exact location) 19 66 Sinion death accurred an the
MEDICAL CERTIFIC	DISEASES OR rise to the UNDERLYING OTHER SIGNIFIT TO THE DEADISEASE OR COLOR TO THE DEADISEASE OR COLOR TOR CONTRIBUT DEATH (notify more contributed or injury (APPROX.) 21D. TIME OF INJURY (APPROX.) 22. I certify the thot (I) (we) to and haur and for the color to an and the color to an analysis of the color to an analys	CONDITIONS, if abave cause (A) CONDITION last. CONDITION last. CANT CONDITIONS CAUSE (A) CONDITION CAUSE (A) CONDITION CAUSE (A) CONDITION CAUSE (A) CONDITION (B) CAUSE (A) CONDITION (B) CAUSE (A) CONDITION (CAUSE (A) CAUSE	any, giving stating the CONTRIBUTIN ATED TO THAT. CONTRIBUTION FOR FORMED 21B ham etc. (Hour) 21E Wh was a state of a live an anterest of the contribution of the c	DUE TO (C) G G E WHICH OPERATION A. PLACE OF INJURY (e.g., ne, form, foctory, street, ne, form, foctory, ne, f	20A. AUTOPSY? (Yes or No) The office bldg., INJURY OCCUR? 21F. HOW DID INJURY of the life of the lif	208. IF YES, WERE IN CERTIFYING C (If in Baltimo	E FINDINGS CONSIDERED AUSES OF DEATH? DIE City, give exact location) 19 66 Sinion death accurred an the
MEDICAL CERTIFIC	DISEASES OR rise la the UNDERLYING OTHER SIGNIFICATION THE DEADISEASE OR CO. 19A. DATE OF CO. 21A. ACCIDENT OR CONTRIBUTION CONTRIBUTION TO FINJURY (APPROX.) 22. I certify the thot (I) (we) Ice and haur and haur and Ice and	CONDITIONS, if abave cause (A) CONDITION last. CONDITION last. CANT CONDITIONS CAUSE (A) CONDITION CAUSE (A) CONDITION CAUSE (A) CONDITION CAUSE (A) CONDITION (B) CAUSE (A) CONDITION (B) CAUSE (A) CONDITION (CAUSE (A) CAUSE	any, giving stating the CONTRIBUTIN ATED TO THE CONTRIBUTION FOR FORMED 218 home etc. (Hour) 21E Who would alive an ted abave. (DUE TO (C) G G E WHICH OPERATION A PLACE OF INJURY (e.g., ne, form, foctory, street, ne, foctory, ne, foct	20A. AUTOPSY? (Yes or No) The office bldg., INJURY OCCUR? 21F. HOW DID INJURY of the life of the lif	208. IF YES, WERE IN CERTIFYING C (If in Boltimo	E FINDINGS CONSIDERED AUSES OF DEATH? DIE City, give exact location) 19 66 Sinion death accurred an the 238 PATE SIGNED Jan., 3, 1966 City, town, or county) (State



IMPORTANT	Also, if the direct or creof any kind; (4) Undet nounced death was in attendance on the decimed or final disposition
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death the body was released to the hospital by a medical examiner. Also, if the direct or shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undet was D.O.A. at a hospital (except where the physician who pronounced death was in deceased prior to death); and (6) No physician was in regular attendance on the decement approval must be obtained before the remains are embalmed or final disposition

		0.010	BALTIMORE CITY	Y HEALTH DEPARTMENT	0.5	00040
	н NO. 66 U	0048	CERTIFICA	TE OF DEATH	Registered No.	110040
I.N.	. CASE NO. AME OF DECEASED e or Print)			2. DATE	AND HOUR OF DEATH	
	Kebecca Wi	lliams			1- 1- 1966	titution: residence before admission)
3. P	LACE OF DEATH IN BALTIMORE, MARYLA	ND		A. STATE B. CO	UNTY	titution: residence before admission)
F	ULL NAME OF (If not in hospital or in address or location)	stitution, give	street	Md.	1	3 0 3
	NSTITUTION			C. CITY OR TOWN (III	outside city limits, write KI	JKAL and give lownship)
0	442 Ilchester	Avenue	#18	Baltimore D. STREET ADDRESS	(If rural, give location)	
				July2 Tiches	ter Avenue #1	8
5. S			VER MARRIED IVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	Female White	Marri	i.ed	5-7-1885	80	
	USUAL OCCUPATION (Give kind of work 10 B. during most of working life, even if retired) HOUSEWife HOUSEWife				oreign country)	12. CITIZEN OF WHAT COUNTRY?
		Tousewif	fe	Trout W. Va.		U.S.A.
13. F	FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME	
	William K				Linda John	
15. V (Yes	Was Deceased Ever in U.S. Armed Forces? , no or unknown) lif yes, give wor or dates of	service)	SECURITY NO.	17. INFORMANT		ADDRESS
1	No		None	Otha C. Smith	442 Ilchester	r Avenue
	18. 420.11		CAUSE	OF DEATH	0 0 1	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECT	LY	/	1/40- D-V	Detraction.	2/
	(This daes not mean the made of dyi		DUE TO	170 caregray	ON TOUCH COM	
	heart failure, asthenia, etc. It means the injury or camplication which caused dea			Myo condial HASCVD		2 hours
	ANTECEDENT CAUSES		(B)	MASCAD		
	DISEASES OR CONDITIONS, if any,					
	rise to the above cause (A) sta UNDERLYING CONDITION last,	ling the	(C)			PO
	11					
5	OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED	TRIBUTING TO THE				
CERTIFICATIO	DISEASE OR CONDITION CAUSING IT.	ON FOR WHI	CH OPERATION	20A. AUTOPSY? (Yes or	No) 208, IF YES, WERE FI	NDINGS CONSIDERED
RTIF	WAS PERFORA	MED			IN CERTIFYING CAU	SES OF DEATH?
	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PL/ home.	ACE OF INJURY (e.g., form, foctory, street,	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
CAL	DEATH (notify medical examiner)	etc.)				
MEDICAL	21D. TIME (Month) (Doy) (Year) (H		JURY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
2	(APPROX)	While /	At Work	ile .		/
	22. I certify that (I) (this hospital) at	tended the	deceased fram	12/22	19 65 to	1/1 19.66
	that (1) (we) last saw the deceased a	live an		19.66. and	that in (my) (aur) apin	ian death accurred an the dat
	and haur and from the causes stated	abave. (+) (V	We) (did) (did nor)	view the bady after deat	h. Dr. John J.	Kreyci
	23A. SIGNATURE			tending Med.	21-12	238, DATE SIGNED
	Herman 17	reifil	M.D. At	ys. Director	Stoff Phys.	1/3/66
	23C-PHYSICIAN'S NAME (Type)			23D. ADDRESS	e of	in POIL
1	HERMAN	400	HER M.D.	7/0	2,25-	81. Galk, he
		IDAC BLARAI	E of CEMETERY or CI	PERS ATORY 24D	LOCATION (City	
24A	REMOVAL (Specify) 248. DATE	24C. NAMI	E OF OCIVICIENT OF C	LATE TO A T	LOCATION (CIT	y, town, or county) (Stote)
				B B	altimore	
	Burial 1-5-1966 DATE REC'D BY HEALTH DEPT. 258	Wood NAME OF	llawn Cemete	No.	altimore	ADDRESS

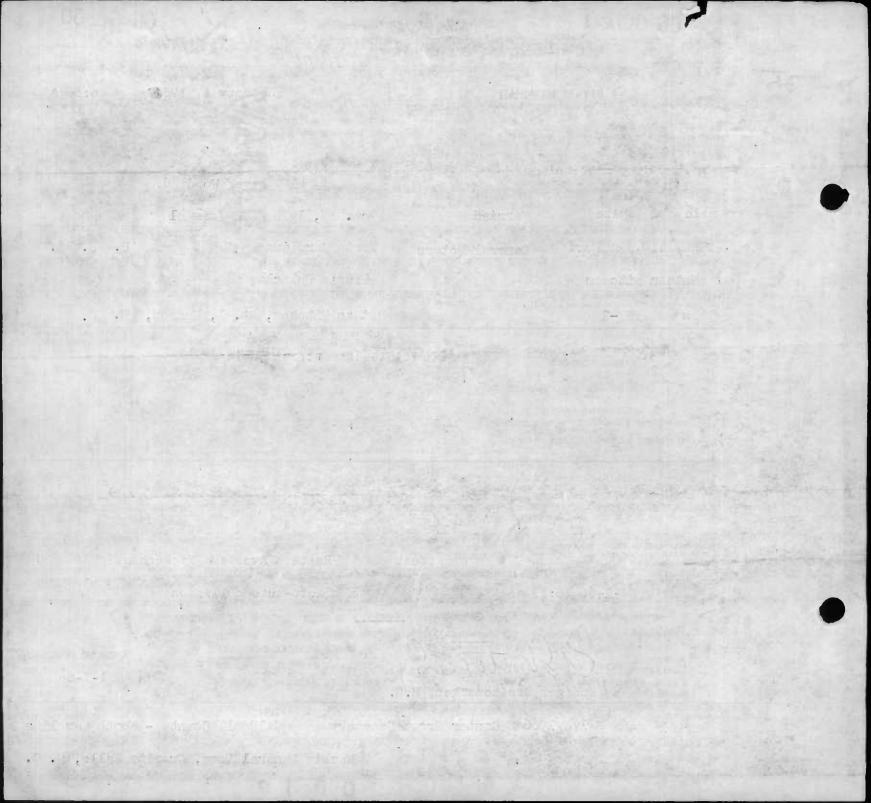


66 00049	BALTIMORE CITY	HEALTH DEPARTMENT	00 00049
BIRTH NO.	CERTIFICA	TE OF DEATH Register	red No. 66 00049
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AND HOUR OF	
(Type or Print)	4.4	1-2-60	
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	ce	4. USUAL RESIDENCE (Where deceased li	lived. If institution; residence before admission)
		A. STATE B. COUNTY	0 6-
FULL NAME OF (If not in haspital ar institu	ion, give street	Maryland	Balton
HOSPITAL OR address or location) INSTITUTION		C. CITY OR TOWN (If autside city limit	ts, write RURAL and give township)
	, 1	Baltimore	03-00
Mercy Hospi	+a/	D. STREET ADDRESS (If jural, give lac	A
1.101.09		4003 Bekwood	L Avenue (6)
5. SEX 6. RACE 7, MAR	RIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In y. last birthday)	ears If Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min.
F W M	OWED, DIVORCED (specify)	1-13-1900 65	
10A. USUAL OCCUPATION (Give kind of work 10B. KIN		11, BIRTHPLACE (State or foreign country)	12, CITIZEN OF
done during most of warking life, even if retired)	D	Maryland	WHAT COUNTRY?
Home maker Ret	· PostMistress	14. MOTHER'S MAIDEN NAME	013.71.
Milton Hall		Estelle Earp	
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRESS
(Yes, no ar unknawn) (If yes, give war ar dates of serv			
No	212-20-9496	Mr William O.Lee 4003	Belwood Avenue
18. 420.11	CAUSE O	F DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		1: 0	
LEADING TO DEATH	(A) My	construel on force	
(This does not mean the made of dying, heart failure, asthenia, etc. It means the disc		/	
injury ar camplication which caused death,)			
ANTECEDENT CAUSES	(B) A	S. C. V. D.	
DISEASES OR CONDITIONS, if any, gi			
rise to the above cause (A) stating			
UNDERLYING CONDITION last.			
_		·	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO			
DISEASE OR CONDITION CAUSING IT.	INE	4.00	
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes ar Na) 208. IF YES	S, WERE FINDINGS CONSIDERED YING CAUSES OF DEATH?
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED		Les	YING CAUSES OF DEATH? YES
O 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i	ar obout 21 C. WHERE DID (If in	Baltimore City, give exact lacation)
DEATH (notify medical examiner)	home, form, foctory, street, of	mice bldg., INJURY OCCUR?	
U	21E, INJURY OCCURRED	OLE HOW BIR DIVING GOOD	
21D. TIME (Manth) (Doy) (Year) (Hour)		21F. HOW DID INJURY OCCUR	
(APPROX)	While At Not While At Work	e	
22. I certify that (I) (this hospital) attend	led the deceased from 3.5	DPA - 3 1/2/1966 to	3,45 PM. 1/2/ 1966
		/ /	
that () (we) last saw the deceased alive			aur) apinian death accurred on the dat
and haur and fram the causes stated abay	re. (1) (We) (did) (did not) v	iew the bady after death.	
23A. SIGNATURE			238. DATE SIGNED
Mor Colon	M.D. Alte	s. Med. Staff Phys.	1/3/65
23C. PHYSICIAN'S		23D, ADDRESS	
NAME (Type) M.P. CALDINI	M.D.	MERCY HOSPITA	4
24A. BURIAL CREMATION, 248. DATE 24	C. NAME of CEMETERY of CRI	MATORY 24D, LOCATION	(City, town, or county) (State)
	Parloward Comet	D.31.	0 361
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	Parkwood Cemete	25C. FUNERAL DIRECTOR	, Co. Md. ADDRESS 36
IAN 5 10CC A C & C .	Co D. a. No.	4 7 7	21 24.12
JAN 9 1200 (1 /20 12 8	CANADA CO	Jassalm dineral	Home 7401Belan Road
V\$ 150-REV. 1/1/65	(0 0 11 0	



766	UCUUU		BALTIMORE CITY HE	ALTH DEPARTMENT	X	60 ac	1000
BIRTH NO.	MED	ICAL EX	(AMINER'S	CERTIFICATE O	F DEATH Registe	red No	
M.E. CASE NO.							
1. NAME OF D	DECEASED			2. DATI	AND HOUR PRONOUNCE	D DEAD	
Trype of Print	ELDON M	ттснам		Mary State of Law	January 1, 196		6:50 A M.
3. PLACE IN BA	ALTIMORE, MARYLAND, W		JNCED DEAD	4. USUAL RESIDENCE (W	here deceased lived. If insti	tution: residence	beloge odmission
FULL NAME O	F //F NOT IN HOSPIT	ITITZIAI GO LA	ITON GIVE STREET		land B. cou	136	1//2
HOSPITAL OR	ADDRESS OR LOCA	TION)	JTION, GIVE STREET	C. CITY OR TOWN (If a	utside corporate limits, write	RURAL ond give	ve "to wn ship)
A				Balt	imore	537	00
1	City Hospital			D. STREET ADDRESS (IF	iurol, give location)		
					River Wood Rd		
5. SEX	6. RACE		NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr.	If Under 24 Hrs.
male	white	Marri		Oct. 17, 1921			1.0013
		108 KIND O	BUSINESS OR INDUST	TRY 11. BIRTHPLACE (Stote or	foreign country)	12. CITIZEN O	
	of working life, even il retired) e Adjuster	Gener	al Motors	North Carolin	na	WHAT CO	S. A.
13. FATHER'S NA	AME			14. MOTHER'S MAIDEN	NAME	1	
Natha	n Mitcham			Lissie Holse	law		
	SED EVER IN U.S. ARMED	FORCES?	16. SO CIAL	17. INFORMANT		ADDRESS	
(Yes, no oi unknov Yes	wn) (If yes, give wor or dote	s of service)	SECURITY NO.	Nathan Mitchar	n, Rt. 1, Hudso	on. N.	C.
18.		VA			, 100 , 11000		ERVAL BETWEEN
10.	216,41		CAU	SE OF DEATH			SET AND DEATH
DISE	ASE OR CONDITION DI	RECTLY	Multi	ple traumatic i	njuries		
(This doe	LEADING TO DEATH		(A)	· F = 0	J		
heort foils	es not mean the made of use, asthenia, etc. It means complication which caused	the diseose,	DUE TO				
Injury or	complication which coused	deoin./					
	ANTECENDENT CAUSE	S	101				
DISEASE	S OR CONDITIONS, IF A	NY, GIVING	DUE TO		*******************************		
	THE ABOVE CAUSE (A) S'YING CONDITION LAST.	IAIING IME					
Z			(C)	***************************************			
P	11			NOTION OF THE REAL PROPERTY.			
OTHER S	GNIFICANT CONDITIONS					1.00	
DISEASE	OR CONDITION CAUSING		ME				
OTHER S TO THE DISEASE 19A. DATE	OF OPERATION 198, CON		WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208. IF YES, WERE FIR		
0	WAS PER	FORMED		yes	IN CERTIFYING CAUS	ES OF DEATH?	
21A, EXTERNUMBERLYING UTING CA	NAL CAUSE WAS	218.	PLACE OF INJURY (e.g	office bldg., INJURY OCCU		re exact location	n) L
O UNDERLYING	GMOR CONTRIB- AUSE OF DEATH,	home etc.)					
~			street		Ave. and Rick	enbacker	: Rd.
21D TIME OF INJURY	(Month) (Doy) (Yeo		TE. INJURY OCCURRE		INJURY O CCUR?		
(APPROX.)	1-1-66 6:	17 A m.	WHILE AT NO	WORK X Auto-	uto collision		
22.	antifu shas I hald an I			T9	- 4514 5-414		
	ertify that I held on I				n this basis, deoth in m		
res	sulted from: Natural co	uses A	Accident X Suic	ide Homicide	Undetermined manne	r 🔛	
	///	1	- (/	CHIEF MEDICAL	EXAMINER	D	ATE SIGNED
ACTU	ATURE /	My	MIX	D. ASSISTANT MEDICAL	L EXAMINER 🕸	0,	ATE STORED
	INED'S		7	ASSOCIATE MEDICA		1	L-1-66
	(Type) / Rudige		enecker, M/D	•			
23A. BURIAL C		23	C. NAME OF CEMETER	Y or CREMATORY 2	3D. LOCATION (City,	town, or county	(Stote)
REMOVAL (Spe Burial	1/4/1	.966 C	enter Grove	Cemetery	Caldwell County	- North	n Carolin
	D BY HEALTH DEPT.		OF REGISTRAR	24C. FUNERAL DIRE		ADDR	
100			~ -		neral Home, Gra		
1 1 1 1	E 1000 0 -		/ /3	Machine Lat	TOTAL HOURS A UIT	ALLLOW I'CL.	U VI DU Junio

VS 151-REV. 1/1/65



	BALTIMORE CITY HEALTH DEPARTMENT 66 00051							
	BIRTH NO. 66 1005MEDICAL EXAMINER'S CERTIFICATE OF DEA	ATH Registered No						
	M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HO							
) 1-7	(Type or Print)	UR PRONOUNCED DEAD						
1-500	I VORY J. DUNN 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deced	1/3/66 9:25 p. Ised lived. If institution: residence before odmissi B. COUNTY						
	bas Israell	B. COUNTY						
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION C. CITY OR TOWN (If outside corp	orote limits, write RURAL and give township)						
	Baltimore	9-09						
	D. STREET ADDRESS (If rurol, give	locotion)						
		On St. AGE (In years If Under 1 Yr, If Under 24 h						
	WIDO WED, DIVORCED (specify)	st birthdoy) Months, Doys, Hours, Mi						
	male colored Divorces 4-10-1915 TOA. USUAL OCCUPATION (Give kind of work) TOB. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign cou							
	done during most of working life, even if refired)	WHAT COUNTRY?						
	Sugar Runner American Sugar Co. Virginia 14. MOTHER'S MAIDEN NAME	U.S.A.						
	Utlan Dunn							
	Wilson Dunn S. Was Deceased Ever in U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT 17. INFORMANT	ADDRESS						
	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. yes WWII 217-03-0703 Thomas J. Dunn 726	F Preston St						
	18. // O CAUSE OF DEATH	INTERVAL BETWEE						
	DISEASE OR CONDITION DIRECTLY	ONSET AND DEAT						
	LEADING TO DEATH (AFocal myocardial necrosis,	probably following						
	(This does not meon the mode of dying e.g., heart foilure, osthenio, etc. It means the disease, injury or complication which coused death.) myocarditis							
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO							
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.							
	Z (C)							
	OTHER SIGNIFICANT CONDITIONS CONTRIBITING							
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
	19A. DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B.	IF YES, WERE FINDINGS CONSIDERED						
	WAS PERFORMED yes IN C	ERTIFYING CAUSES OF DEATH?						
	Q 21A, EXTERNAL CAUSE WAS 21B, PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in home, form, foctory, street, office bldg, INJURY OCCUR?	Bollimore City, give exact location)						
	UTING CAUSE OF DEATH.							
	21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OF INJURY	CCUR?						
4	(APPROX.) m. WHILE AT NOT WHILE NORK AT WORK							
	22, certify that I held on Inquiry Inspection Autopsy and that on this bo	sis, deoth in my aplnion						
		ermined monner						
	CHIEF MEDICAL EXAMIN	NEB						
	SIGNATURE Were h. 3 M.D. ASSISTANT MEDICAL EXAMIN	DATE SIGNED						
	EXAMINER'S Werner U. Spitz, M.D. ASSOCIATE MEDICAL EXAMI							
	NAME (Type)	TON (City, town, or county) (Stote)						
	REMOVAL (Specify)	10N (City, town, or county) (Stote)						
	Burial 1-7-66 Baltimore National Baltime	ore, Maryland						
	24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR 17.	35 Harford Av. ADDRESS						

Marshall W. Jones, Jr.

\$101-01-N 58570VIC 227-03-17-1 Lucana W mana 225 ces reserva one

BALTIMODE	CITY	HEALTH	DEPARTMENT
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BIRTH NO.	MEDI	CAL EX	(AMINER'S CI	ERTIFIC	CATE OF	DEATH Regist	ered Na	
M.E. CASE NO.								
1. NAME OF DEC	2547277	A. HA	RT		2. DATE	1/3/66		:35 p
PLACE IN BALT	TIMORE, MARYLAND, W			4. USUAL	RESIDENCE (Wh	ere deceosed lived. If in B. CO		- A
				A. STATE	Pennsyl		UNTY	
OSPITAL OF	ADDRESS OR LOCA	TION)	JTION, GIVE STREET	C. CITY C		tside corporate limits, wri	te RURAL and g	ive township)
HOSPITAL OR					m	Charala		11-24
17				D. STREET	Turtle	urol, give location)		V
-							enue	
St.	Agnes Hospi		NEVER MARRIED	B. DATE O		9. AGE (In years		fr. If Under 24 Hr
• 3EA	o. KACE		DIVORCED (specify)	B. DAIL O	DIKITI	lost birthdoy)	Months Doy	s Hours Min.
female	white		.dow		21,1900	65		
	UPATION (Give kind of work working life, even if retired)	TOB. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHP	ACE (State or fo	oreign country)	WHAT C	OF OUNTRY?
	ewife			Mt.	Pleasant	, Penna.	U. S	S.A.
3. FATHER'S NAM	ΛE			14. MOTHE	R'S MAIDEN NA	AME		4 - 44
	Charles Ke	nnedy		N	lary Brod	ie		
	ED EVER IN U.S. ARMED	FORCES?	16. SO CIAL	17. INFORM			ADDRESS nroeville	
	(If yes, give wor or date	s of service)	SECURITY NO.	Mro	Madeline			
No			169-10-0244	Mrs.	Madeline	Zook Turt	le Creek,	
1B.	1 X		CAUSE	OF DEAT	Н			TERVAL BETWEEN
RISE TO TH UNDERLYIN	OR CONDITIONS, IF A LE ABOVE CAUSE (A) ST NG CONDITION LAST. II INIFICANT CONDITIONS	CONTRIBUTING	(C)	sortic	aneurys	m		
DISEASE O	DEATH BUT NOT REL	1T.	***************************************					
	WAS PER	FORMED	WHICH OPERATION	PAR	TIAL	No.) 208, IF YES, WERE IN CERTIFYING CAL	JSES OF DEATH	1?
UNDERLYING DEAU	CAUSE WAS OR CONTRIB- JSE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., , form, foctory, street, c	in or obout office bldg., I	NJURY OCCUR?	O (If in Boltimore City,	give exoct locotion	on)
21 D TIME OF INJURY	(Month) (Doy) (Year	Hour) 2	TE. INJURY OCCURRED		IF. HOW DID I	NJURY OCCUR?		
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22.			PA PA	RTTAL				
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SIGNAT		10.3	1	ASSISTA	NT MEDICAL	EXAMINER X	· ·	DATE SIGNED
EXAMIN		-	M. D.			EXAMINER	1/4/66	3
NAME (m II Cm	itz. M.D.	A00001A	TE MEDICAL		2/4/00	
3A. BURIAL CRE	MATION, 23B, DATE		C. NAME of CEMETERY o	CREMATO)RY 23 [D. LOCATION (Cit	y, town, or count	ty) (Stote)
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	BY HEALTH DEPT.	24B. NAME	OF REGISTRAR		UNERAL DIREC		ADD	RESS
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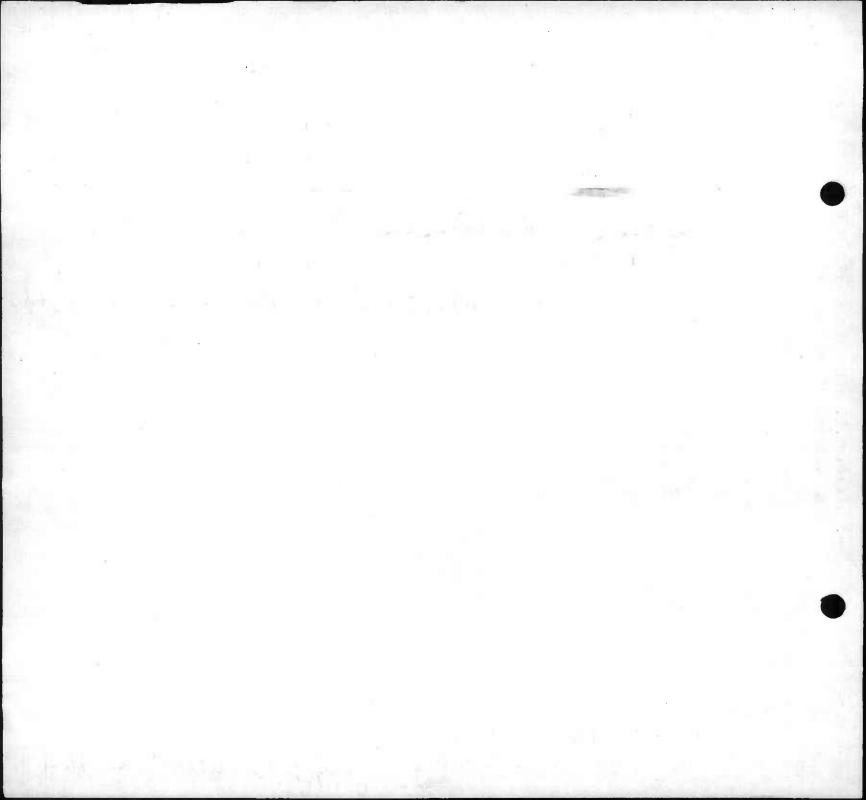
3 - 3 alt. Pleasent Pome. . Strate of the late of the second of the se Tall the care of t H. C. S. Store L. C. C. T. S. C. Store

- 1	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	wedgesed prior to dearn; and (b) no physician was in regular attendance on the deceased prior to dearn. Such witten approval must be obtained before the remains are embalmed or final disposition is made.
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was Do.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	
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PLACE OF DEATH IN BALTMANE, MARIELAND FILE NAME OF COUNTY	NAME OF DECEASED	1:	2. DATE AND HOUR OF	DEATH
FOLL NAME OF INCOMPAND OF CONTRIBUTING OF SUBMISSION OF SU	EVA N. Ju	lin	JAN 1	1966 13° P
HOSPITAL OR MACHINE PARA OCCUPATION (Over the deceased of the	PLACE OF DEATH IN BALTIMORE, MARYLAND)	4. USUAL RESIDENCE (Where deceased li-	ved. If institution: residence before admissio
INSTITUTION A 1 to Md. A 1 t	FULL NAME OF (If not in haspital or instit	ution, give sheet	bys	1471
DA 140 Md. 1. THERT ADDRESS (II yrd, gue leached) 1. AND REACH A	HOSPITAL OR oddress or location)	11	C. CITY OR TOWN (If outside city limit	s, write RURAL and give township)
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that (I) (we) last saw the deceased alive an	22. I certify that (t) (this hospital) atten	ded the deceased fram	12/31 1965 to	111 68
and hour and from the causes stated abave. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE M.D. Attending Med. Stoff Phys. 1/66 23C. RHYS/CIAN'S NAME (Type) 4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25G. EUNERAL DIRECTOR ADDRESS JAN 5 1966 Police of Control	that (I) (we) last saw the deceased alive	e an ///	A	,
23A. SIGNATURE 23A. SIGNATURE M.D. Attending Med. Director Phys. 23B. DATE SIGNED 23C. RHYS/CIAN'S NAME (Type) 4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) 4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) 5A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. ELHERAL DIRECTOR ADDRESS ADDRESS JAN 5 1966 Policy State 25C. ELHERAL DIRECTOR ADDRESS				or, opinion death occords an me at
A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) SA. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR JAN 5 1966 PLANE 1 25B. NAME OF REGISTRAR 230. ADDRESS M.D. MARY AND CENTERAL DIRECTOR 124D. LOCATION (City, town, or county) (Stote) 24D. LOCATION (City, town, or county) (Stote) ADDRESS JAN 5 1966 PLANE 25B. NAME OF REGISTRAR 25G. EMPERAL DIRECTOR ADDRESS JAN 5 1966 PLANE 25B. NAME OF REGISTRAR 25G. EMPERAL DIRECTOR ADDRESS		ve. (i) wee) (did) (ore flot)	view the body differ dedfh.	DATE SIGNED
23C. RHYSICIAN'S NAME (Type) 4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) 5A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. ELHERAL DIRECTOR 25C. ELHERAL	COMPLETE	M.D. AH	ending Med. Stoff	
AA. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote) FRANCYAL (Specify) 1-4-66 mountain View Com. Shapping, Md., SA. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25G. ELHERAL DIRECTOR. ADDRESS JAN 5 1966 Polent E. MARKOF REGISTRAR 25G. ELHERAL DIRECTOR. ADDRESS	Jonald / fell	Phy	s. Director Phys.	1/1/66
A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote) Swish 1-4-66 mountain view Com. Sharphy Md. 5A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25G. EMPERAL DIRECTOR ADDRESS JAN 5 1966 Robert E. Standard Comments of CEMETERY OF CREMATORY (Stote) ADDRESS SALVER OF CHARACTERY OF CREMATORY (City, town, or county) (Stote) ADDRESS SALVER OF CHARACTERY OF CREMATORY (City, town, or county) (Stote) ADDRESS SALVER OF CHARACTERY OF CREMATORY (City, town, or county) (Stote)	NAME (Type)		23D. ADDRESS	. //
JAN 5 1966 Robert E, Salley Janes Ja	DONALD 7. LO	- WERS M.D.	MARGIAND GOON	ERAL HOSA
JAN 5 1966 Robert E. Standard Registrar Jan 6 1966 Robert E. Standard Registrar Jan 6 1966 Robert E. Standard Registrar Jan 7 1966 Robert E. Standard Registrar Jan 7 1966 Robert E. Standard Registrar Jan 8 1966 Robert E. Standard Registr	24A. BURIAL CREMATION, 24B. DATE	4C. NAME of CEMETERY OF CR	EMATORY 24D. LOCATION	(City, town, or coun(y)) (State)
Carley Caravorsky Good Operative 1	Buril 1-4-66	mountain V.	ew Com Shart	for my
Carley Caravorsky (6000 posture)	25A. DATE REC'D BY HEALTH DEPT. 25B. N.	AME OF REGISTRAR	25G. EUNERAL DIRECTOR	ADDRESS
Carley Caravarant Good Character 1	JAN 5 1966 Relie 5 8	, stables MIA	Deal (There Frel !
	VS 150-REV. 1/1/65	1000	Variey avarais	1.4 0001 Drounds 14



0	TIN 1		66 00054 BALTIMORE CITY	HEALTH DEPARTMENT	
1-	75795		H NO. CERTIFICA	TE OF DEATH Registered Non-	A
	and eath ased th	M.E	. CASE NO.	2, DATE AND HOUR OF DEATH	7
	of dea Occease on the				
	5 % o 4	3. F	HENRY ROEMER	4. USUAL RESIDENCE (Where deceased lived, If institution: residence	56 AM N
	- 11 0		THE AL PENIL III DELIMANA MANIENIA	A. STATE B. COUNTY	delote dulinssion
	S = 3 = 0	F	ULL NAME OF (If not in hospital or institution, give street	MARYLAND (BALTIMORE COUN'	TY)
			HOSPITAL OR oddress or location)	C. CITY OR TOWN (If outside city limits, write RURAL and give to	ownship)
	ca ca	-	THE JOHNS HOPKINS HOSPITAL	BALTIMORE	3 700
	l in a ng cau cause; attend ior to	15	THE COUNTY HOLKING HOST TIAL	D. STREET ADDRESS (If rural, give location)	
	TO .= L-	10		7924ELMHURST AVENUE	
	ad a bu	5. \$	EX 6. RACEWIII 2 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr.	If Under 24 Hrs.
	occurre ontribut ermined regular eased p	M	ALE WYARR DEPORCED (specify)	5-23-06 lost hintedoy Months Doys	Hours Min.
		10A	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	<u> </u>
	in det	done	during most of working life, even if retired)	MAT CON	JNTRY?
E E	or or	(Chauffer R EATHER NAME EATHER NAME FATHER NAME FOR THE R FOR	Mary lond USA	l a
7	P T D S S S S S S S S S S S S S S S S S S	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
NON F	nt if death direct or c ; (4) Undet th was in on the dec		LOUIS ROEMER	MARY DAVIS	
ZZ		15.		17. INFORMANT ADDRI	ESS
S A	T 0 . E 0 0 0	(Yes	o or unknown) (If yes, give wor or dotes of service)	d to low King a mark	11 44
D. A.	S + _ = := :=		11628-60-118	her They M. Moemer 1924 E	144025 70
	if i		18. 420./1 CAUSE OF	DEATH INTERV ONSET	AL BETWEEN AND DEATH
SE	hi so b		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	La MT	^ _
4 =	Also e of noun atter		(This does not mean the made of dying, e.g., DUE TO	- TIV	
٦ ·•	F . 50 F B		heart failure, asthenia, etc. If means the disease,		
A Q	ner act act ula		injury ar complication which caused death.)	nextensive andromacens	en
- 2	E.5 + 0 00 0		ANTECEDENT CAUSES (B) DUE TO		
E C	X A W		DISEASES OR CONDITIONS, il any, giving	disease Ve	~
. 6	execution in sa		tise to the above cause (A) stating the (C) UNDERLYING CONDITION last.		3
E	medical eledical burns; (; hysician mas in was in remains		11		
A P	dica dica rrns rsici was mai	N	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
ERAL		ATIO	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
ER ER	dy dy	IFIC.	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONS	DERED
<u>د</u> ک	Bo Bo	RTIF	WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?	No
. 5	he by		21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, offi	or about 21 C. WHERE DID (If in Baltimore City, give exact	locotion)
~	tal tal ber	CAL	DEATH (notify medical examiner) home, form, factory, street, offi	ice bldg., INJURT OCCUR?	
			21D. TIME (Month) (Doyl (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
	hosp nature ept w d (6)	MEDI	OF INJURY		
			(APPROX.) Work At Work	156-	(- 1 C
			22. I certify that (1) (this hospital) attended the deceased fram	5-am 1/2 1966 10 4 am 1/	2 1966
	10 the		thos (1) (we) last sow the deceased alive on 4 /am 1/2	19 6 and that ir(my) (our) opinian death occu	urred on the dot
	0047		and hour and from the causes stated above (1) (We) (did) (did not) vi		
	dent ospit deat deat		234-3IGNATURE	238. DATE SIGN	ED
	3 9.0 5 6 5		M.D. Atter	nding Med. Stoff	160
			Phys		99
	at and art or rov		NAME (Type)	3D. ADDRESS	1
	was r An a L. at o prior		M.D.	550 N. Broadway, BaH	rmore
	certific body w vs: (1) A D.O.A. assed p	24A	BURIAL CREMATION, 248. DATE 24C, NAME of CEMETERY of CREATERY OF C	MATORY 24D. LOCATION (City, town, or county	yl (Stote)
	ody /s: (1 D.O. ase		Borial 1-6-66 Tarkwood	in ten 12/1/2 Mol.	
	This certificate the body was response (1) An a was D.O.A. at deceased prior written approv	25A	DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR		DRES
	This c the b show was deced		JAN 5 1966 Robert E. Farbert	Miliot Cincle 1211 Choses	Yours.
		VS	150-REV. 1/1/65	0 0 0	
				0 0 0	



V\$ 150-REV. 1/1/65

	66 00055	BALTIMORE CITY	HEALTH DEPARTMENT	41.61	
	BIRTH NO.	CERTIFICAT	TE OF DEATH	Registered No.	_00055
	M.E. CASE NO. 1. NAME OF DECEASED			HOUR OF DEATH	
	(Type or Print) PACK MAS	RY E.	4. USUAL RESIDENCE (Where	2-66	9120PM.
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A, STATE B. COUNT	deceosed lived. If inst	itution: residence before odmission)
1-	FULL NAME OF (If not in hospital or institution, oddress or location) INSTITUTION	give street	MARYLAN C. CITY OR TOWN (If outs)	de city limits, write RU	IRAL ond give township)
	SOU TH BALTIMORE CE	ENERAL HOSP.	D. STREET ADDRESS (III TO	RE rol, give location)	
	1213 LIGHT STREET 5. SEX 6. RACE 7. MARRIED	#30	2600 Puge	I Stor	Ff
is made.	WIDOWE	D. DIVORCED (specify)		AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
si no	FEMALE NEBRO MARK 10A. USUAL OCCUPATION (Give kind of work 10B, KIND O done during most of working life, even if retired)	F BUSINESS OR INDUSTRY	1. BIRTHPLACE (Stote or foreign	n country)	12. CITIZEN OF WHAT COUNTRY?
disposition	HOUSEWIFE		VIRGINIA 4. MOTHER'S MAIDEN NAM		21.8. A.
pos	13. FATHER'S NAME	1	4. MOTHER'S MAIDEN NAM	E	
Sign	ROBERT OLIVER 15. Wos Deceosed Ever in U. S. Armed Forces?		EMMA.	Scott	•
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	1 6. SOCIAL SECURITY NO.	7. INFORMANT	4	ADDRESS
final			arston Ja	ch 266	10 Juget St.
0	1B. 4221 1	CAUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH
Pe	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Ω_{i}	Deinsolum	2.	
balmed	(This does not meon the mode of dying, e.g.,		my vann	of all	
Pa	heart failure, osthenio, etc. 11 meons the disease, injury or complication which coused death.)	· ca	iairarcicei	a outen	
E	ANTECEDENT CAUSES	DUE TO	·	de elementar de disses un un un un un un un deschadunte de un vintente un un un un un de sinquelle (de lije delle tempe	
are	DISEASES OR CONDITIONS, if ony, giving	I			
	rise to the obove cause (A) stating the UNDERLYING CONDITION lost.	(C)	**************************************		************************************
9	ll ll				
remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	IG HE			
the	19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FILL	NDINGS CONSIDERED SES OF DEATH?
re	<u>«</u>	B. PLACE OF INJURY (e.g., in	or about 21 C. WHERE DID	(If in Boltimore	City, give exact location)
before	OR CONTRIBUTING CAUSE OF hor etc	me, form, foctory, street, offi	ce bldg., INJURY OCCUR?		en, gra exect technolis
ained	W OF INJURY	E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
ġ.		hile At Not While At Work			
obt	22. I certify that (+) (this hospital) attended			65 to	1-2 1966.
pe	that N (we) last saw the deceased alive an		1966 and that	in (my) (aur) apini	an death accurred an the date
	and haur and fram the causes stated above. ((I) (We) (did) (did nat) vi	ew the bady after death.		
must	23A, SIGNATURE	M.D. Atten	ding	10K	23 B. DATE SIGNED
	seners & menn	Phys.	Director P	hy s.	1-3-66
Po	23 C. PHYSICIAN'S NAME (Type)		SOUTH BALTIM	ORE SENIE	GRAL HOSPITAL
approval	24A. BURIAL CREMATION, 24B. DATE 124C.N	AME of CEMETERY OF CREA	213 LIGHT MATORY 24D. LO.	STREET	#30
	Bemoval (Specify)	actimare	National B	altem	town, or county) (State)
written	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME	OF REGISTRAR	250 FUNERAL DIRECTOR	100 00-	ADDRESS
3	JAN 5 10GG A A C T	. 0	VIDIAN NEW	ACTIVILLE	0 172711. M Julas

Cet. 22 18% 75 Edward Links . . 25

66 00056

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered NG 00056

all the same			
()	-	19	-0

M.E. CASE NO.		
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD	
THOMAS LEE DAVI	S 1-2-66 3:00	P
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED	DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before of B. COUNTY	dm

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

Maryland C. CITY OR TOWN (If outside carporote limits, write RURAL and give township)

Baltimore D. STREET ADDRESS (If rurol, give location

21234 B. DATE OF BIRTH 9. AGE (In If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min. 9. AGE (In years

7. MARRIED, NEVER MARRIED 5. SEX 6. RACE WIDOWED, DIVORCED (specify) B WIDOWED Male White

NET.

lost birthdoy

TOA. USUAL OCCUPATION (Give kind of work TOB. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME

done duping mast of working life, even if retired)

1001 ARION PARK ROAD

4. MOTHER'S MAIDEN NAME MARK

CAUSE OF DEATH

MAGURE

SEPH 15, WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service)

SECURITY NO.

ROBERT A. DAVIS 18 S. BELLE GROVE 84-

21228 INTERVAL BETWEEN ONSET AND DEATH

. M. is sion)

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not meon the mode of dying, e.g., heart failure, osthenio, etc. It meons the disease, injury or complication which coused death.)

ANTECENDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO

DUE TO

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE

DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? No

Arteriosclerotic cardiovascular disease

MEDICAL 21A, EXTERNAL CAUSE WAS UTING CAUSE OF DEATH.

(Month)

21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location) long, form, factory, street, office bldg., INJURY OCCUR?

21D TIME OF INJURY (APPROX.)

CERTIFICATION

NO

(Doy) (Yeor) (Hous)

21E. INJURY OCCURRED WHILE AT NOT WHILE

21F. HOW DID INJURY OCCUR?

22. I certify that I held an Inquiry

resulted from: Notural couses X

23B, DATE

Inspection XX Autopsy Sulcide Accident

Homicide

Undetermined manner

and that on this basis, death In my apinian

ACTUAL SIGNATURE

CHIEF MEDICAL EXAMINER X M.D. ASSISTANT MEDICAL EXAMINER

DATE SIGNED 1-3-66

EXAMINER'S NAME (Type)

RUSSELL S. FISHER, M.D.

ASSOCIATE MEDICAL EXAMINER 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION

(City, town, or county)

(Stote)

24A, DATE REC'D BY HEALTH DEPT.

LOVD 248, NAME OF REGISTRAR

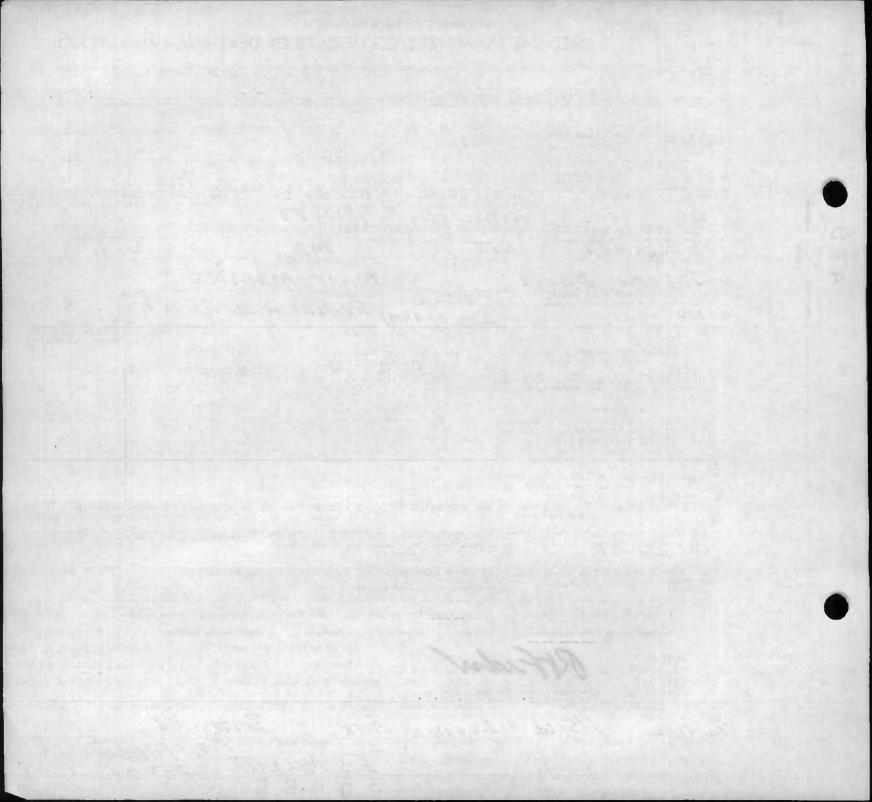
24C. FUNERAL DIRECTOR

ADDRESS FRICK NA

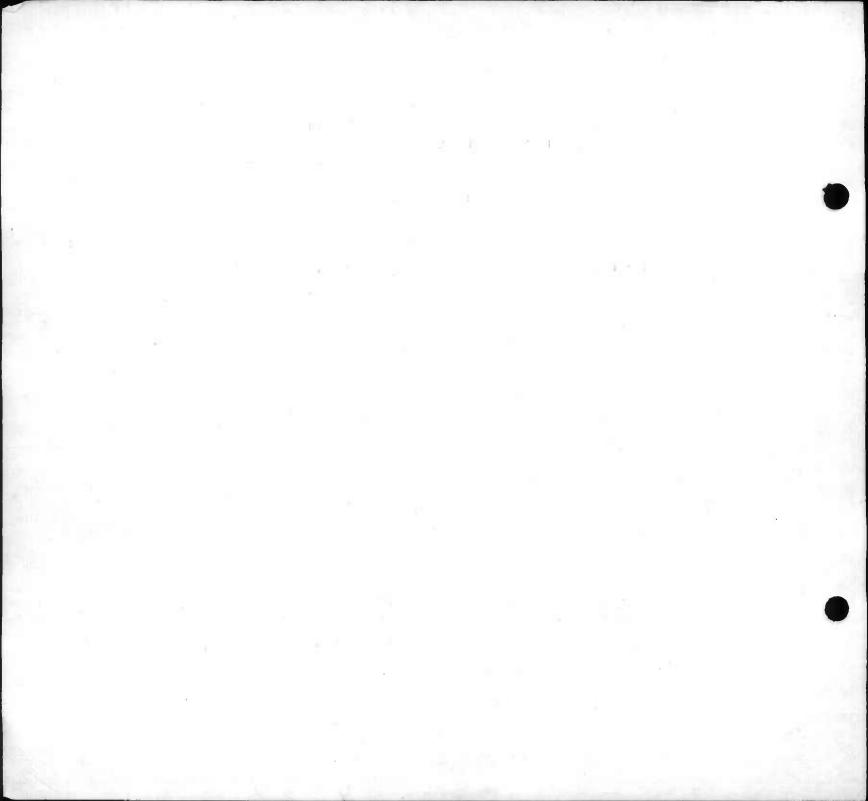
VS 151-REV. 1/1/65

23A. BURIAL CREMATION,

REMOVAL (Specify)



VS 150-REV. 1/1/65



5

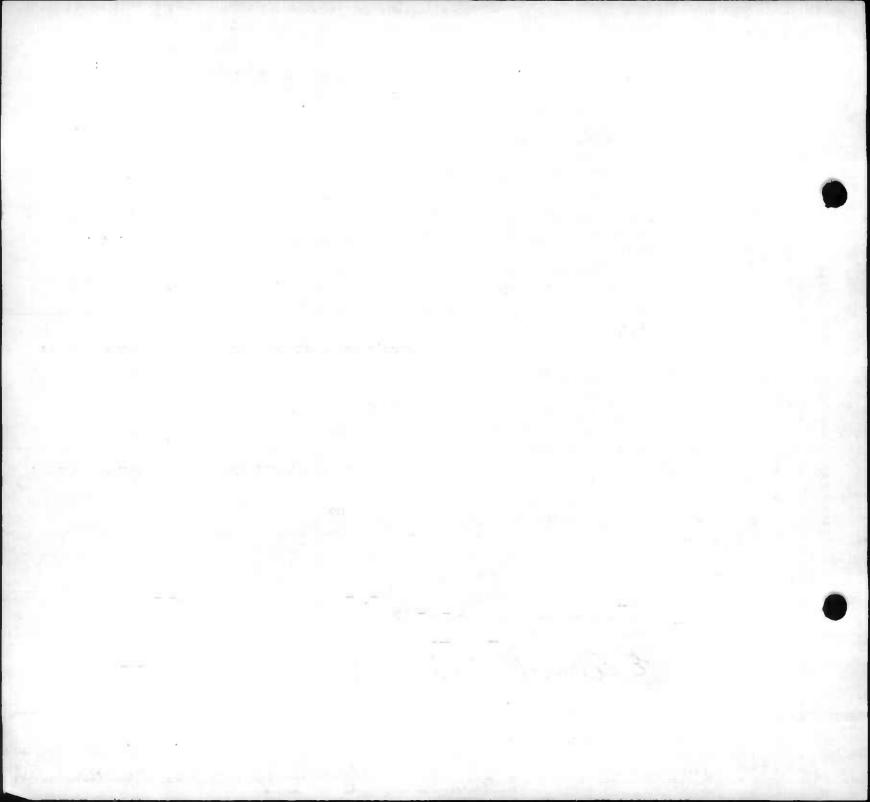
VS 150-REV. 1/1/65

1966

Cub

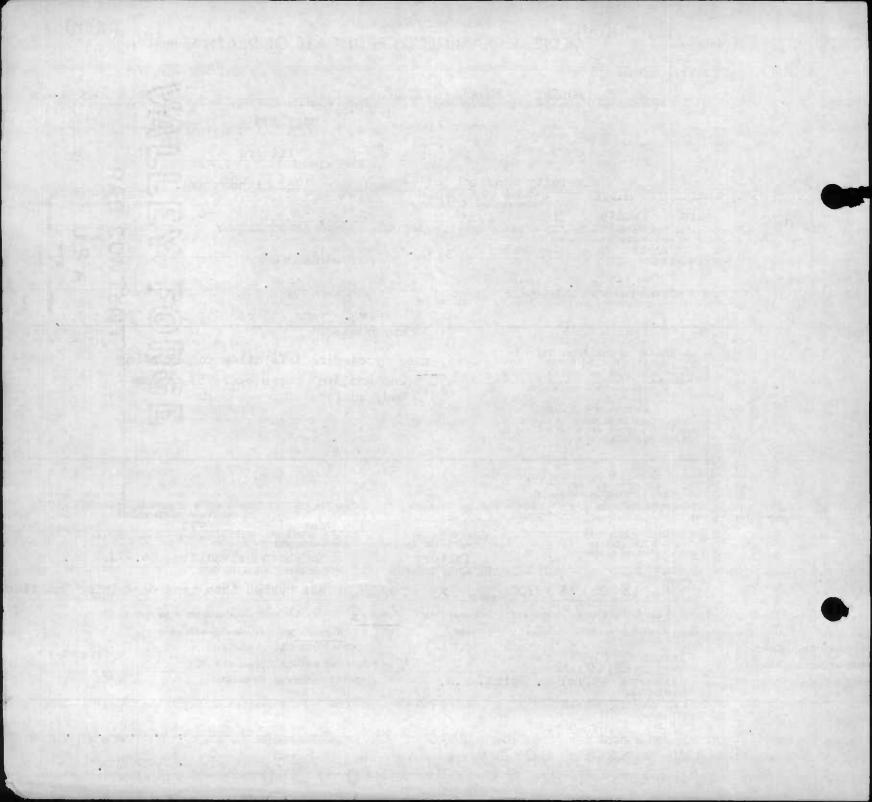
Such

	cc 000	50	BALTIMORE CITY	HEALTH DEPARTMEN	NT	66 00058
BIRTH NO.	66 000	00	CERTIFICA	TE OF DEAT		
M.E. CASE NO.	EASED			2. DA	TE AND HOUR OF DEAT	Н
Type or Print)	Ferdinan	d A. Schae	fer		1- 1- 1966	10:30 P
. PLACE OF DEA	ATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE A. STATE B.	(Where deceased lived. Yr COUNTY	institution: residence before admission
FULL NAME O HOSPITAL OR INSTITUTION	F (If not in hospital oddross or locatio	or institution, give n)	streel	Md.	(If outside city fimits, write	e RURAL and Sive township)
INSTITUTION	1.705 War	h h	11 /	Baltimore		
	4105 Mon	tana Avenu	e #6	D. STREET ADDRESS	(If rurol, give location)	
				4105 Monta	ana Avenue #6	
Male	6. RACE White	Wido	Wed (specify)	1-31-1878	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
	JPATION (Give kind of working file, even if retired)	108. KIND OF BUS	INESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Selfemp		Tool&Die	Maker	Lithuania		U.S.A.
3. FATHER'S NAN		1 -002 -020	- Cars Car	14. MOTHER'S MAIDER	N NAME	
	Adolf Sch	aefer			Louise Bergel	
5. Was Deceased	Ever in U. S. Armed For	rces? 16.	SOCIAL	17. INFORMANT	TOUTSE DELSET	ADDRESS
No	yes, give wor or doll		SECURITY NO.	152 77 1	3.1	
1B. / ~ ?	201	[]	15-01-2898 CAUSE C	MISS ELSIE S	chaefer 4105	Montana Aven
DISEAS	E OR CONDITION DI	RECTLY				ONSET AND DEATH
	LEADING TO DEATH		(A) care	inoma prostat	e gland	several years
	al meon the made af asthenia, etc. II means		DUE TO	a and a sign me menterphis a marka a a a a a a a a a a a a a a a a a a		
	plicolian which coused					
1	ANTECEDENT CAUSES		DUE TO	ad a classic wave a wit a wit a a wit was a a a a a a a a a a a a a a a a a a	**************************************	
	OR CONDITIONS, if above couse (A)					
	G CONDITION last.	storing ine	(C)	***************************************		
OTHER SIGNI	FICANT CONDITIONS CEATH BUT NOT REL	CONTRIBUTING ATED TO THE	cong	estive heart	failure	several months
DISEASE OR	CONDITION CAUSING	IT.	H OPERATION	120 A. ALITOPSY? (Yes	or No. 208 IF YES WED	F FINDINGS CONSIDERED
	WAS PER			no	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
21A. ACCIDEN	NT WAS UNDERLYING	21B. PLA	CE OF INJURY (e.g.,	n or obout 21 C. WHERE	OID (If in Bollim	ore City, give exact facation)
▼ DEATH (notify)	medical examiner)	otc.)	im, foctory, street, c	ffice bldg., INJURY OCCI	D Kr	
21D. TIME OF INJURY	(Month) (Doy) (Yoor)	(Hour) 21 E. INJ	URY OCCURRED	21F. HOW DI	D INJURY OCCUR?	
OF INJURY		While A	Not Whi			
22 1 116	AL-A (1) (AL-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-		-	2 30	10 65 1.	-1-66
	that (1) (this hospita		12-31- 65			
-	last saw the decease					pinian death accurred on the d
		ted abave. (I) (W	e) (did) (did not)	view the bady after de	eath.	loop BATE election
23A. SIGN AT U	E Inn	AX	O M.D. AH	onding Med.	Stoff	23 B. DATE SIGNED
22.0	C Cllow	orthe (ON Ce M.D. Phy	s. Director	Phy s.	1-3-66
PHYSICIA NAME (T			M.D.	23D. ADDRESS		W 2
4A. BURIAL CRE	MATION. 248. DATE	24C. NAME	of CEMETERY of CR	EMATORY 2	AD. LOCATION	City, town, or county) (State)
Burial	1-5-19	65 Paril	wood C		Baltimore Co.	Md
	BY HEALTH DEPT.	25B. NAME OF RI	Wood Cemete	25C. FUNERAL DIR		ADDRESS / W
IAN 5	1966 A P. Fr	E tarkey!	LR	P	7	7.1.5



	BALTIMORE CITY HEALTH DEPARTMENT	ce 0005!
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BIRT	н но.	MLD	ICAL EX	CAMINER 5 C	ERTIFICATE O	DEATH Regist	ered Na
_							
(Тур	name OF DE					AND HOUR PRONOUNCE	111
3. P	LACE IN BAL	TIMORE MARYLAND, W		WARD PETERS	4. USUAL RESIDENCE (W	B, CO	1/66 9:50 a. M. stitution: residence before odmission) UNTY
FUL HO! INS	L NAME OF SPITAL OR TITUTION	(IF NOT IN HOSPIT	AL OR INSTITU	JTION, GIVE STREET		itside corporate limits, wri	te RURAL and give township)
					D. STREET ADDRESS (IF		0100
4		Universi	ity Hosp	ital		Glynden Ave.	
5. SI	iale	6. RACE	7. MARRIED, WIDOWED,	NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRTH Dec. 1, 1909	9. AGE (In years last birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A.	USUAL OCC	CUPATION (Give kind of wor	1		Y 11. BIRTHPLACE (Stote or 1	oreign country)	12. CITIZEN OF
	FORE		Galva	nizing Co.	Balto. Mo		WHAT COUNTRY?
		Charles A D.	o+ one		Combin	TY	
		Charles A. Pe ED EVER IN U.S. ARMED n)(If yes, give wor or dote	FORCES?	16. SOCIAL SECURITY NO.	Sophia 1	- Hummel	ADDRESS
	No				Mrs. Susan Pe	ters 121	2 Glyndon Ave
	18. 7	8.3 X.		CAUS	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEA	SE OR CONDITION DI	RECTLY	A and a		motion compli	
	(This does	LEADING TO DEATH		(A)	yocardial infarction complicating and 3rd burns over 75% of the		
	neon lollure	e, osthenio, etc. It meons	the discose,			s over 75% of	the
		ANTEGENIOENT CAUC		boo	ly surface		
	DISEASES RISE TO TH	OR CONDITIONS, IF A HE ABOVE CAUSE (A) S	NY, GIVING	(B) DUE TO			
z	UNDERLYI	NG CONDITION LAST.		(C)			
함		11					
ERTIFICATION	TO THE	ENIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING	LATED TO T			******************************	
CERT	19A. DATE O	F OPERATION 19B, CON WAS PER		WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 208, IF YES, WERE F	
3	21A EXTERNA				ves		INDINGS CONSIDERED USES OF DEATH?
		TOP CONTRE	21 B.	PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DI	yes	JSES OF DEATH?
H		DADR CONTRIB- USE OF DEATH.	21 B. home etc.)		office bldg., INJURY OCCUR	yes O (II in Boltimore City, (give exoct location)
Σ	UTING CAL	TOR CONTRIB-	etc.)	PLACE OF INJURY (e.g., form, foctory, street, factory	office bldg. INJURY occur Souther	yes O (II in Boltimore City, (JSES OF DEATH?
Σ	UTING CAL	DOR CONTRIB- USE OF DEATH.	r) (Hour) 2	factory	in or obout 21C. WHERE DI office bldg. NJURY OCCUR Souther	yes O (II in Bollimore City, or The Galvanizing INJURY OCCUR?	give exoct locotion) g CoBush St.
Σ	UTING CAL 21D TIME OF INJURY (APPROX.) 22.	CMONTRIB- USE OF DEATH. (Month) (Doy) (Yeo	3:00a,	factory TE. INJURY OCCURRED WHILE AT X NOT WORK	office bldg. 21c. WHERE DI office bldg. NJURY OCCUR Souther 21f. How DID WHILE Was pus	yes O (II in Bollimore City, or The Galvanizing INJURY OCCUR? Thed into tank	give exoct locotion) g CoBush St. c containing hot zi
Σ	21D TIME OF INJURY (APPROX.) 22, I cer	ODDR CONTRIB- USE OF DEATH. (Month) (Doy) (Yeo 12 21 65 rtify that I held an I	3:00a _{n.}	factory TE. INJURY OCCURRED WHILE AT X NOT WORK NOT AT W	in or obout 21c. WHERE DO office bldg. Souther Souther 21F. How DO WHILE WAS PUS	yes Of the control o	give exoct locotion) g CoBush St. c containing hot zi my apinlan
Σ	21D TIME OF INJURY (APPROX.) 22, I cer	CMONTRIB- USE OF DEATH. (Month) (Doy) (Yeo	3:00a _{n.}	factory TE. INJURY OCCURRED WHILE AT X NOT WORK	office bldg. 21C. WHERE DI NJURY OCCUR Souther 21F. How DD WHILE Was pus tapsy X and that ar	yes ? The Galvanizing INJURY OCCUR? Thed into tank this basis, death in Undetermined mann	give exoct locotion) g CoBush St. c containing hot zi
Σ	UTING CAL 21D TIME OF INJURY (APPROX.) 22. 1 cer	CMONTRIB- (Month) (Doy) (Yeo 12 21 65 rtify that I held an I	3:00a _{n.}	factory TE. INJURY OCCURRED WHILE AT X NOT WORK AT V Inspection Au Accident Suicid	in or obout 21c. WHERE DO office bldg. Souther 21F. How DO white was pus tapsy and that ar Hamicide X CHIEF MEDICAL	yes ? ? ? ? ? ? ? ? ? ? ? ? ? ? ? ? ? ?	give exoct locotion) g CoBush St. c containing hot zi my apinlan
Σ	21D TIME OF INJURY (APPROX.) 22. I cei resu ACTUA SIGNAT	(Month) (Doy) (Yeo 12 21 65 rtify that I held an I alted fram: Natural ca	3:00a _{m.}	factory TE. INJURY OCCURRED WHILE AT X NOT AT V Inspection Au Accident Suicid	office bidg. 21C. WHERE DI OFFICE BIDG. 21F. HOW DID WAS PUS 10 PK 1	yes O (II in Boltimore City, or O Galvanizing INJURY OCCUR? Thed into tank I this basis, death in Undetermined mann EXAMINER EXAMINER	give exoct locotion) g CoBush St. c containing hot zi my apinlan ner DATE SIGNED
Σ	21D TIME OF INJURY (APPROX.) 22, I cei resu ACTUA SIGNAT EXAMII	CAL REPORT IN THE CONTRIBUTE OF DEATH. (Month) (Doy) (Yeo 12 21 65 or 16 or 1	3:00a _{m.}	factory TE. INJURY OCCURRED WHILE AT X NOT AT V Inspection Au Accident Suicid	in or obout 21c. WHERE DO office bldg. Souther 21F. How DO white was pus tapsy and that ar Hamicide X CHIEF MEDICAL	yes O (II in Boltimore City, or O Galvanizing INJURY OCCUR? Thed into tank I this basis, death in Undetermined mann EXAMINER EXAMINER	g CoBush St. c containing hot zi my apinlan ner
23A	21D TIME OF INJURY (APPROX.) 22. I cei resu ACTUA SIGNAT	CAL CONTRIBUTE OF DEATH. (Month) (Doy) (Yeo 12 21 65 riffy that I held an I will be frame in Natural call by the control of	3:00am.	factory TE. INJURY OCCURRED WHILE AT X NOT AT V Inspection Au Accident Suicid	in or obout 21C. WHERE DI office bidg, NJURY OCCUR Souther 21F. How DID WHILE Was pus tapsy and that ar Hamicide X CHIEF MEDICAL ASSISTANT MEDICAL ASSOCIATE MEDICAL	yes O (II in Boltimore City, or Ch Galvanizing In Galvanizi	give exoct locofion) g CoBush St. c containing hot zi my apinlan ner DATE SIGNED
23A.	21D TIME OF INJURY (APPROX.) 22. 1 cer resu ACTUA SIGNAT EXAMII NAME (BURIAL CRI AOVAL (Speci	(Month) (Doy) (Yeo 12 21 65 rtify that I held an I wilted fram: Natural ca AL FURE Werner I (Type) EMATION, 23B, DATE fy)	3:00am.	factory TE. INJURY OCCURRED WHILE AT K NOT AT V Inspection Au Accident Suicio	in or obout 21C. WHERE DO office bldg. Souther 21F. How DD while Was pus tapsy and that ar Hamicide X CHIEF MEDICAL ASSOCIATE MEDICAL or CREMATORY 23C. WHERE DI AND ASSOCIATE MEDICAL 23	yes Programmer City, or Calvanizing Programmer Calvanizing Programmer Calvanizing Programmer Calvanizing Programmer Calvanizing EXAMINER EXAMINER EXAMINER CLOCATION (City Clen Burnie.	gree exoct locotion) gree containing hot zi my apinlan ner DATE SIGNED 1/4/66
23A.	21D TIME OF INJURY (APPROX.) 22. 1 cer resu ACTUA SIGNAT EXAMII NAME (BURIAL CRI AOVAL (Speci	CMONTRE- USE OF DEATH. (Month) (Doy) (Yeo 12 21 65 rtify that I held an I ulted fram: Natural ca LL TURE Merner I (Type) EMATION, 23B, DATE (y) 21 8 19	3:00am.	factory TE. INJURY OCCURRED WHILE AT X NOT AT V Inspection Au Accident Suicid M.C. C. NAME of CEMETERY Glen Have	in or obout 21C. WHERE DI office bldg. Souther Souther 21F. How DID Was pus ond that are tapsy and that are tapsy CHIEF MEDICAL ASSOCIATE MEDICAL ASSOCIATE MEDICAL OF CREMATORY 23	yes O (II in Boltimore City, or On Galvanizing INJURY OCCUR? Thed into tank I this basis, death in Undetermined mant EXAMINER EXAMINER D. LOCATION (City TOR	pive exoct locotion) g CoBush St. c containing hot zi my apinlan ner DATE SIGNED 1/4/66 y, town, or county) (State)



VS 150-REV. 1/1/65

22220	BALTIMORE CITY	HEALTH DEPARTMEN	IT C	a a0060
BIRTH NO. M.E. CASE NO.	CERTIFICA	TE OF DEAT		6 00060
(Type or Print) LUCRETIA P.	. KIRWAN		an. 3, 1966	12:15 a. M
3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospitol or institution, give	street	Md. 2	1229	titution; residence before admission)
HOSPITAL OR oddress or locotion) INSTITUTION		Balti	(If outside city limits, write RI	URAL ond give township)
Silver Cross Home, Ir	nc.	D. STREET ADDRESS 5124	(If rurol, give locotion) Greenwich Ave	2.,
5. SEX 6. RACE 7. MARRIED, NEV WIDOWED, DI	IVORCED (enecify)	6/16/1877	9. AGE (In years lost bighday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUS done during most of working life, even if retired) Housewife at home		Baltimor		12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME Louis Cook		Lucreti	NAME a Eggleston	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	SECURITY NO.		OI Shannon D:	
			Cook, sister-	in-law
DISEASE OR CONDITION DIRECTLY	CAUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease, injury ar complication which coused death.)	DUE TO	ralized Arte	riosclerosis	unknown
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION last.	DUE TO			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				, and the second
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICE WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLA	CH OPERATION	20 A. AUTOPSY? (Yes	or No. 208. IF YES, WERE F	INDINGS CONSIDERED ISES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLA OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	ACE OF INJURY (e.g., in form, foctory, street, of	or obout 21 C. WHERE Dice bldg., INJURY OCCL	OID (If in Boltimore JR?	City, give exact location)
	JURY OCCURRED At Not While At Work		D INJURY OCCUR?	
22. I certify that (1) (this hespital) ottended the d		Jan.	19 65 to Jan	19 66
that (1) (www) lost sow the deceased alive on				ion deoth accurred on the dot
23A. SIGNATURE		nding Med.	Stoff Phys.	Jan. 3, 1966
23c. PHYSICIANS Dr. Leo J. Gaver	M.D.	1. Mallow		
24A. BURIAL CREMATION, 248. DATE 24C. NAME REMOVAL (Specify)	E of CEMETERY OF CRE			y, town, or county) (State)
Burial 1/5/66 Loud	lon Park Co		Baltimore,	
JAN 5 1966 Robert E.	CEGISTRAR	Schimune 3331 E	K ^{or} Funeral Ho Brehms Lane	me, Inchess

11			
1	11		

	TH NO.	ME		AMINER'S	CERTIFICATE OF I	DEATH Register	66,00061	
7.	NAME OF DE	CEASED			2. DATE AN	D HOUR PRONOUNCE	ED DEAD	
liy	pe or Print)	THEODORE H	HOWELL		Jar	mary 1, 196	6 12:10 R	
FUI	L NAME OF	(IF NOT IN HOS	PITAL OR INSTITU	ITION, GIVE STREET		deceosed lived. If insti B. COU	tution: residence before admission)	
3		ns Hopkins H	ospital		Montclair D. STREET ADDRESS (If rurol,		V-27	
					331 Bloom	field Ave.		
5. S	ele	6. RACE	WIDOWED,	NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRTH May 28, 1929	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	
IOA	USUAL OCC	UPATION (Give kind of working life, even if retire		BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (State or foreig		12. CITIZEN OF WHAT COUNTRY?	
	alesman			tising	New Jersey		U.S.A.	
13.	ATHER'S NAM				14. MOTHER'S MAIDEN NAME			
	Ed	ward Howell			Jennie Mc D	onald		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service) Yes WWV 2				Caggiano Funera	l Home, Mont	tclair, N.J.		
MEDIC	OTHER SIG TO THE DISEASE OF THE DISE	L CAUSE WAS OR CONTRIB- ISE OF DEATH.	of dying e.g., ons the disease, ed death.) JSES F ANY, GIVING STATING THE ST. NS CONTRIBUTIN RELATED TO TING IT. ONDITION FOR VERFORMED 21 B.	(A) Cr DUE TO (B)	in or obout 21C, WHERE DID office bldg, INJURY OCCUR? Unknown 21F. HOW DID INJU	20B. IF YES, WERE FIN IN CERTIFYING CAUS YES If in Boltimore City, give	ES OF DEATH?	
REA	Apparently fell Apparently fell Apparently fell							
146	JAN	5 1966 Rel	ent E. 40	Wey M	Ullrich Funera	11 Home 4210	Belair Road.	

TABLO MEN . .

	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	if death oc set or cont I) Undeterr was in reg the deceas
FUNERAL DIRECTOR: IMPORTANT	the hospital by a medical examiner or his assistant if death occurred in a the hospital by a medical examiner. Also, if the direct or contributing cal any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (except where the physician who pronounced death was in regular attence; and (6) No physician was in regular attendance on the deceased prior to obtained before the remains are embalmed or final disposition is made.
DIRECTOR:	dical examiner. ns; (3) A fracturician who provises in regular and an and an and an and an and an
FUNERAL	oy the chief medital by a medite; (2) Body burwhere the phys
	ust be approved the asset to the hospident of any naturospital (exception death); and (6) must be obtained
	This certificate must be app the body was released to t shows: (1) An accident of a was D.O.A. at a hospital (e deceased prior to death); written approval must be o

	66 000	100	BALTIMORE CITY	HEALTH DEPARTMENT	,	00 0000
BIRT	H NO. 00 UU	300	CERTIFICA	TE OF DEATH	Registered No.	66 00062.
	CASE NO.		CERTITO			
	e or Print) .	~		2. DATE AI	NO HOUR OF DEATH	0
2	Foster, John		',d		66	7:30 PM
3.	LACE OF DEATH IN BALTIMORE, MAR	YLAND A	celth Hosp	A, STATE B. COUN	ere deceased lived. If in NTY	stitution: residence before admission)
	FULL NAME OF (If not in hospital o			V		1/-43
	1OSPITAL OR oddress or location)			C. CITY OF TOWN (If ou	staide city limits, write	RURAL and give township)
	NSTITUTION 31 ST 4	WIIMA	n Pank Dr.			
		0		D. STREET ADDRESS (If	turol, give locotion)	Brings
	Baltima	1 suc	MJ.	I STREET ADDRESS (II	Total, give locations	9
		,				
5, 5	EX 6. RACE	7. MARRIED, WIDOWED	NEVER MARRIED , DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
	MW	M	, , , , , , , , , , , , , , , , , , , ,	1126102	1. 3	
104	. USUAL OCCUPATION (Give kind of work)	OB. KIND OF	BUSINESS OR INDUSTRY		eign country)	12. CITIZEN OF
don	during most of working life, even if retired)					WHAT COUNTRY?
	Plumber			14. MOTHER'S MAIDEN NA		U.S. H
13.	FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME	
	William Fost	24		E 1+		
1.5	Was Deceased Ever in U. S. Armed Force		14 600141	Ett 19	Cunh	ADDRESS
(Ye	on or unknown) (If yes, give wor or dotes	of service)	SECURITY NO.	IV. INFORMANT	O	ADDKESS
	NO		223 24 31	18		
	1B. O A W. 2		CAUSE O			INTERVAL BETWEEN
	2072	CTIV				ONSET AND DEATH
	DISEASE OR CONDITION DIRE LEADING TO DEATH	CILI	6	+		2)
	(This daes not meen the made of	dvino e a	(A) S	colicimia		3 Jays
	heart failure, asthenia, etc. It means	the disease,	551 10	•		9
	injury ar camplication which caused	death.)	Ο.	Aug.		1 P - 11.
	ANTECEDENT CAUSES		(B) TO	LUTE MYE	ia monoci	ylic 8 months
	DISEASES OR CONDITIONS, if a	ny, giving	DUL 10	104 /2 er	m/ol	9
	rise to the abave couse (A)		(C)	000	***************************************	
	UNDERLYING CONDITION lost.					
	11					
O	OTHER SIGNIFICANT CONDITIONS CO					
ATIO	TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING IT.			None		
U			HICH OPERATION	20A. AUTOPSY? (Yes or N	o) 20B. IF YES, WERE	FINDINGS CONSIDERED
ERTIFI	1) None WAS PERFO	DRMED		N a	IN CERTIFYING CA	USES OF DEATH?
CE	21A. ACCIDENT WAS UNDERLYING	21 B,	PLACE OF INJURY (e.g., i	or obout 21C. WHERE DID	(If in Boltimore	City, give exact location)
7	OR CONTRIBUTING CAUSE OF	hom	e, form, foctory, street, o	fice bldg., INJURY OCCUR?		.,,
0	DEATH (notify medical examiner)	0				
03	21 D. TIME (Month) (Doy) (Year) OF INJURY	(Hour) 21 E.	INJURY OCCURRED	21 F. HOW DID IN.	JURY OCCUR?	
٤	(APPROX.)	Whi	le At Not Whil	e 📉		
					4 -70	5
	22. I certify that (1) (this hospital)	ottended th	e deceosed from	0 - 22	19 60 to	1-1 19 66
	that 🚇 (we) lost sow the deceased	l olive on	1 -1	19 66 ond th	not in (no) (our) opi	nion deoth occurred on the dot
	ond hour and from the couses state	d above 15	(Wa) (did) (did—a) .			
	23A. SIGNATURE	000ve. (2	(Ne/ (did/ (dis-mail))	iew the body offer deoff.		TOOR DATE SIGNED
	23A. SIGNATURE	1			s. " 1	23 B, DATE SIGNED
	Idealread H. Vos	zeshr	D . M.D. Alte	s. Med. Director	Stoff Phys.	1-1-66
	23C. PHYSICIAN'S	9		23D. ADDRESS		
	NAME (Type)	70	C = 011 MD	U.S. Public	Heulth	HOSP.
2	HI-KDEKI I	1. 10	0 ニトル		11-0111	4
24/	REMOVAL (Specify)	24C. NA	ME of CEMETERY of CRI	MATORY 24D. L	OCATION (C)	ty, town, or county) (State)
10	300121 1/2/6/			218	T SPIRING	EC 1/A
25/	. DAT REC'D BY MEANTH DEPTH	258 NAMESO	PRECINE LAR	25C. FUNERAL DIRECTO	R	ADDRESS
	JAN 5 1960 (Level	5,000	Kreen			
				VLLRICH FUN	LERAL HON	ME 4210 BELAIR
VS	150-REV. 1/1/65	1	5 6 0 0	0000	100	



VS 150-REV. 1/1/65

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a hospital and

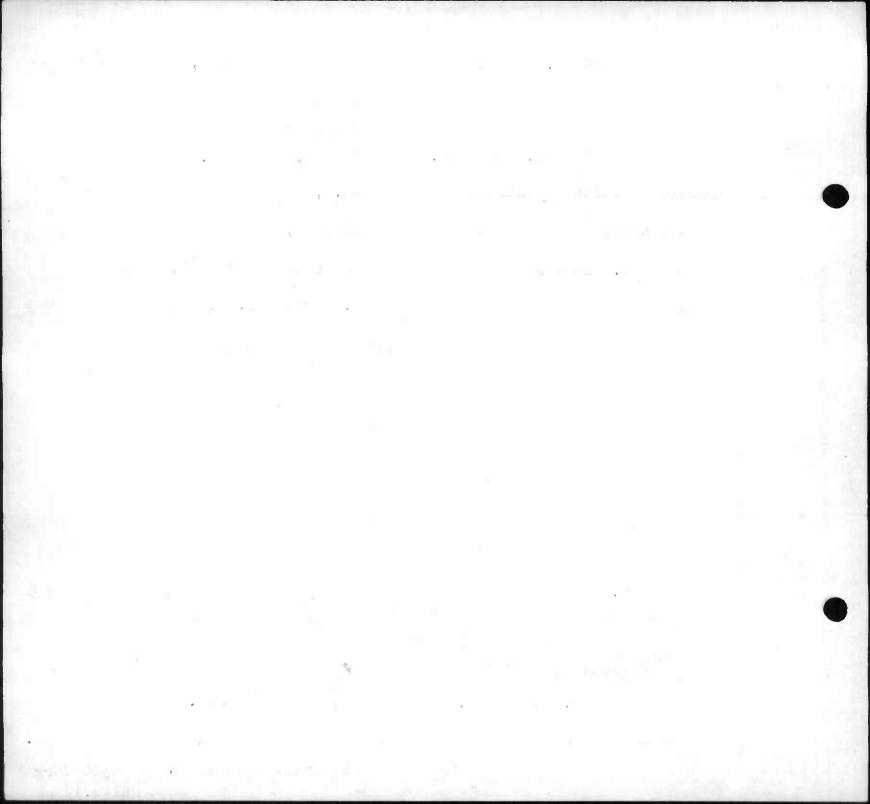
Such

to death.

prior

		616	30000	BALTIMORE CI	TY HEALTH DEPART	MENT	
M.E	H NO.		3 000 6 3	CERTIFIC	ATE OF DEA		66 00063
	AME OF DECE.		D. Bil	lmire	2.	January 2,19	
			hospital or instituti		A. STATE Marylan	ICE (Where deceased lived, If i B. COUNTY	institution: residence before admission)
1-	FULL NAME OF HOSPITAL OR NSTITUTION		locetion)	on, give sneer		(If outside city limits, write	RURAL and give township)
06		73	31 St. J	ohns Rd.	731 St.	Johns Rd.	
5. S	emale	White	7. MARE WIDO W1	WED, DIVORCED (specify)	B. DATE OF BIRTH Aug. 9, 18	9. AGE (In years last birther)	If Under 1 Yi. If Under 24 His. Months Doys Hours Min.
	usual occu during most of w house	orking lite, even i		OF BUSINESS OR INDUST	1	ote or foreign country) I, Maryland	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAM	E			14. MOTHER'S MA	DEN NAME	
	John	O. Mic	chael		Lavini	a Margaret Mi	chael
	Wos Deceased	Ever in U. S. A.		1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
(163	no	ui yes, give wo	ir or doles of servi	SECORITI NO.	Mr. Garr	ett O. Billmi	re 810 Evesham
		OR CONDITI	ION DIRECTLY	CAUSE	Oronary	oceluseor	INTERVAL BETWEEN AV
	heart failure, a	osthenio, etc. 1 dicotion which	node of dying, t meons the dise coused deoth.)	ose,	7		
	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.						
N	OTHER SIGNIE	ICANT CONDI	TIONS CONTRIBU	TING			
ATIC		ATH BUT NO	OT RELATED TO	THE			
CERTIFICATION	19A. DATE OF		98. CONDITION F VAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY?	(Yes or No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
CAL	OR CONTRIBU	218. PLACE OF INJURY (e.g., ir home, foim, foctory, street, of DEATH (notify medical examiner)			office bldg., INJURY O	RE DID (If in Bottimo C CU R?	ore City, give exact location)
MEDI	21 D. TIME OF INJURY (APPROX.)	(Month) (Doy)	(Yeo) (Hour)	While At Not Work At Wo	hile	DID INJURY OCCUR?	2 11
1			hospital) attend deceased alive	ed the deceased from	Ser 19 65	19ta	January 2 1960
E	and hour and	fram the caus	ses stated abov	e/(1) (W))(did) (d)		/ /	
	23 . SIGNATUI	-	9.5	0// M.D.	Attending Med hys.	Stoff	23B. DATE SIGNED 6
	PHYSICIA!	pe)	n 1/4774	om G Halsan	23D. ADDRESS	Roland Ave.	
2.11	DIIDIA' CET		r. Willi	am G. Helfire			
24,6	REMOVAL (S Buria)	pecify)	5/66	Druid F		Baltimore	County Md.
25A	A. DATE REC'D			ME OF REGISTRAR	25C. FUNERAL		ADDRESS
	JAN 5	1966	0.48.	Janke MA	Mitchel	ll-Wiedefeld H	Home 6500 York

ADDRESS 25C. FUNERAL DIRECTOR Mitchell-Wiedefeld Home 6500 York Road Balto.12



BIRTH NO.	60 0000			TE OF DEAT	1	66 00064
M.E. CASE NO.	CEASED			2. DAT	E AND HOUR OF DEA	тн
(Type or Print)	lany Dolar	1		- 11	12/66	18.15 AA
3. PLACE OF DE	ATH IN BALTIMORE, MAR	YLAND		4. USUAL RESIDENCE	Where deceased lived. I	f institution: residence before admission
FULL NAME (OF (If not in hospital a address or location)		give stieet	Massach	usetts. (262	Lake Avenue)
INSTITUTION	Mercy Hosp	Inc	,		(If rurol, give location)	V-18
/				262 Ls	ke Avenue	
S S EX	6. RACE		, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 His
Female	White		D, DIVORCED (specify)	6/21/1887	lost birthdoyl	Months Doys Hours Min.
INA. USUAL OCC	UPATION (Give kind of work		F BUSINESS OR INDUSTRY		foreign country)	12. CITIZEN OF
Hous	working life, even if refired) ewife			Mass.		WHAT COUNTRY?
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN	NAME	
John	A. Rogers			Sarah O'I	onahue	
5. Wos Deceoses	d Ever in U. S. Armed Forc	es?	16. SOCIAL	17. INFORMANT		Berry Md.
. como or unknow	yes, give wor or ones	OI SELAICE!	SECURITY NO.	Mr. Fred J.	Mahonev	721 Annaslie Rd.
18.	2011		CAUSE 0			INTERVAL BETWEEN
1-4-0	SE OR CONDITION DIRE	CTLY		^		ONSET AND DEATH
0.327	LEADING TO DEATH		И.	yocardial ?	Mula votein	2dnus
	not mean the mode of		, DUE TO	t Chinam	The state of the s	
	, osthenio, etc. It meons mplication which caused		•	ASCVD		11.00
	ANTECEDENT CAUSES		(B)	HOCAN	HI II I	years.
DISEASES	OR CONDITIONS, il o	ny, giving	DUE TO			,
rise to th	ne obove couse (A) G CONDITION lost.			** *** * * * * * * * * * * * * * * * * *	10 00 00 00 00 00 00 00 00	
E TO THE D	DEATH BUT NOT RELAT	TED TO TH	IG HE			
19A. DATE O	F OPERATION 198. CONE		WHICH OPERATION	20 A. AUTOPSY? (Yes	or No. 208, IF YES WE	RE FINDINGS CONSIDERED
E C	WAS PERF	DRMED	B. PLACE OF INJURY(e.g., in	No	IN CERTIFYING	CAUSES OF DEATH?
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF y medicol exominer)	nore City, give exact location)				
OF INJURY	21D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.)		E INJURY OCCURRED	21 F. HOW DID	INJURY OCCUR?	
S OF HISTORY			While At Not While At Work			
22	. Alia Al\ /Alia Liaita 1\		the deceased from		19ta	112 1966
1			21 -			
1.50) lost sow the deceased		aud			opiniun death occurred an the da
		ed above.	Hh-(We) (Held) (Alldenot) v	iew the bady after dec	ath.	
23A. SIGNATI	URE			F M 1 -	- c. " -	23 B. DATE SIGNED
VII	San Lela	1	M.D. Atte	mding Med. Director	Stoff Phys.	1/2/66
NAME (Type SUSAN	LE(GAT M.D.	23D. ADDRESS	160.	
24A. BURIAL CRE			AME of CEMETERY of CRE	MATORY 124	D. LOCATION	(City, town, or county) (State)
REMOVAL		5			WALTHAN	
ANSTBUT	ial /	2	AL DEGISTA A			4
25A'. 'D'ATE REC'E	BY HEALTH DEPT.	ZDB. NAME	OF REGISTRAR	Mitchell -	Whedefald	Home, Inc. Balto
JAN	5 1966 (P.D. A	9 97	(D. ha ()			
VS 150-REV. 1/1/	65	1		MULLIN PU	merar nome	, Waltham, Mass.

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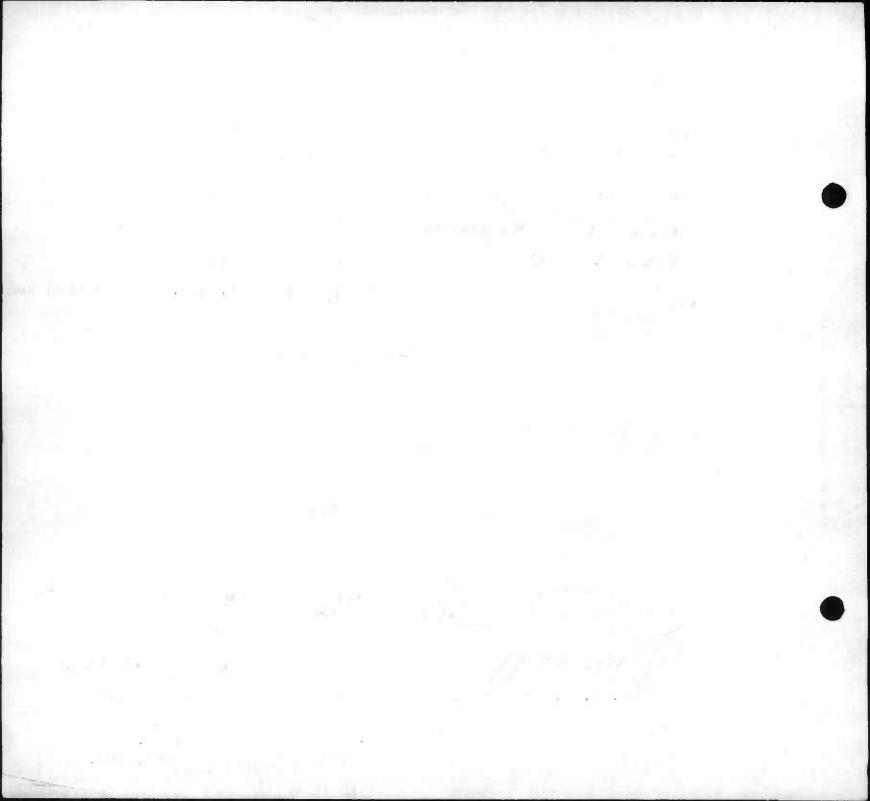
FUNERAL DIRECTOR: IMPORTANT

1			BALTIMORE CIT	Y HEALTH DEPARTMENT	,				
200	BIRTH NO.	66 00	055 CERTIFICA	ATE OF DEATH	Registered No.	-66-00065			
death death eased n the Such	M.E. CASE NO. 1. NAME OF DECEA (Type or Print)			2. DATE	AND HOUR OF DEATH	45			
cause of death use; (5) Deceased endance on the to death. Such	12	TIN BALTIMORE MA		Ha Hellah Beelbenge (W)	1/2/66	institution: residence before odmission)			
				A. STATE B. COL	JNTY	Institution: residence before odmission)			
	HOSPITAL OR INSTITUTION	oddress ar lacotion	or institution, give street	C. CITY OR TOWN (If outside city limits, write RURAL and give lownship)					
	Mary	land Gan	leval Hospital	D. STREET ADDRESS (If rurol, give location)					
ting d cau d cau r att	82-	Linden	Ave 21201	5303 D	Tree J				
bu ad	5. SEX 6.	RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.			
contributed in regularity	IOA, USUAL OCCUP.	rking life, even if retired)	English & Amer.	Ital	reign country)	12. CITIZEN OF WHAT COUNTRY?			
Po S E	13. FATHERS NAME		Tailoring Co.	14. MOTHER'S MAIDEN N	XXXXXX	AZV			
if d rect (4) U was the the		per Garr	4	Santa					
di di di		ver in U. S. Armed Ford f yes, give wor or date		17. INFORMANT		ADDRESS			
kindy kindy deat deat inal c	(Yes, no or unknown) (I	f yes, give wor or dote	s of service) SECURITY NO. 165-05-3440	Hospital	Chart				
s ass any ced ndan or f	1B. 2 9	OXI	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH			
his asso, if of any or ced or		OR CONDITION DIR	ECTLY			ORSET AND BEATH			
er. Also, cture of a pronounc lar atten	LEADING TO DEATH (This does not meen the mode of dying, e.g., DUE TO								
er. ctu pro lar	hearl failure, asthenia, etc. It means the disease,								
min fra ho egul	AN	TECEDENT CAUSES	(B) C)	manic Renal	Disease				
A A Wh	DISEASES OR CONDITIONS, if any, giving								
(3) es		CONDITION last.	sloling the (C)	00 day 8					
dicc cal ns; icici		Z OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
bor bur bur bur bur bur bur bur bur bur bu	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
P Ci	19A. DATE OF C		DITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or	No. 20B. IF YES, WERE	FINDINGS CONSIDERED			
by a 2) Bod re the physic fore th	19A. DATE OF C			100					
	OR CONTRIBUTE	WAS UNDERLYING OF CAUSE OF	home, form, foctory, street,	office bldg., INJURY OCCUR?	(If in Bollima	ore City, give exact lacation)			
0.2 5 3 -	0 21 D. TIME	Month) (Doy) (Year)	(Hour) 21 E. INJURY OCCURRED	21 F. HOW DID II	NJURY OCCUR?				
hosp nature ept v d (6)	S OF INJURY		While At Not W	hile					
5 5 × × E 4	22. I certify th	at (1) (this hospital	Tottended the deceased from		19 lab 10	1 2 19 65			
4 - B			. \ .			pinion deoth occurred an the dote			
00	and hour and fram the couses stoted obove. (1) (We) (did) (did not) view the body ofter deoth.								
st be ased lent sspit deat	23A SIGNATURE	C-A-	00			23B. DATE SIGNED			
ccide ccide t hos to do	7.	m. 33	M.D. A	hys. Med. Director	Phys.	1/2/66			
0 - 0 - 5	23C. PHYSICIAN NAME (Typ	s e) D~ T M	Stoff	23D. ADDRESS					
certificate body was r vs: (1) An a D.O.A. at assed prior ten approv		Dr. J. M	. Steffy M.I	2-1 -	Inden Av.				
TA O O	REMOVAL (Sp.	ecify)	24C. NAME of CEMETERY of C			City, town, or county) (Stote)			
This certification of the body shows: (1) was D.O. deceased written a	Burial 25A. DATE REC'D B	1/5/6	6 Gardens of F		Baltimore,				
This of the bashow was decement	JAN 5		- 8 Failer MY	Schimunek	Funeral H	Home, Inc.			
	VS 150-REV. 1/1/65	1000 (In Section	1 4 100000	0 0 6 7	ehms Lane				



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such IMPORTANT FUNERAL DIRECTOR:

BALTIMORE CIT	Y HEALTH DEPARTMENT
BIRTH NO 66 00066 CERTIFICA	ATE OF DEATH Registered No. 10006
M.E. CASE NO. 1. NAME OF DECEASED Schmitt	2. DATE AND HOUR OF DEATH
(Type or Print) Wicholas J. Schmitt	1/5/00 5
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceosed lived, If institution; residence before admit A. STATE 8. COUNTY
FULL NAME OF (If not in hospital or institution, give street	md full
HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
Manyland General Hospital	D. STREET ADDRESS (If rurol, give location)
Manyland Comenal Hospital 827 Linden Ave. 21201	Bx 15A - Chasapanka Ave Rt#
6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Months; Doys Hours; M
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR done during most of working life, even if retired) **Machinist** **Restrict Co.	Y 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
John Schmitt	14. MOTHER'S MAIDEN NAME
	Margaret Zorn
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	Kenneth Schmitt, son, 3631 Raymonn
18. 0 0 0 1 1 CAUSE	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO	1 mphosarcoma
heort foilure, osthenia, etc. It means the disease,	
injury or complication which coused death.)	
DISEASES OR CONDITIONS, if ony, giving rise to the obave couse (A) stoting the (C)	
UNDERLYING CONDITION Iosi.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	100
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
₹ (APROX) While At Not Wh	yile
22. I certify that (1) (this haspital) attended the deceased from	
that (1) (we) last saw the deceased alive on 1.	19and that in(my) (aur) opinion death accurred on the
and have and from the causes stoted above. (1) (We) (did) (did nat)	
23A/SIGNATURE	ttending Med. Stoff
M.D. A.	nys. Director Phys. 4
23C. PHYSICIAN'S NAME (Type) I. J. M. Steffy	23D. ADDRESS 1. 827 Linden Ave 21201
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of C	
Burial 1/5/66 Meadowridge M	Mem. Park Baltimore, Md.
JAN 5 1966 Page 8 Laberto Security And Secur	25C. FUNERAL DIRECTOR LUNeral Home, Inc. 3331 Brehms Lane
VS 150-REV. 1/1/65	0 0 0 6 3
	7 9 9 9 9

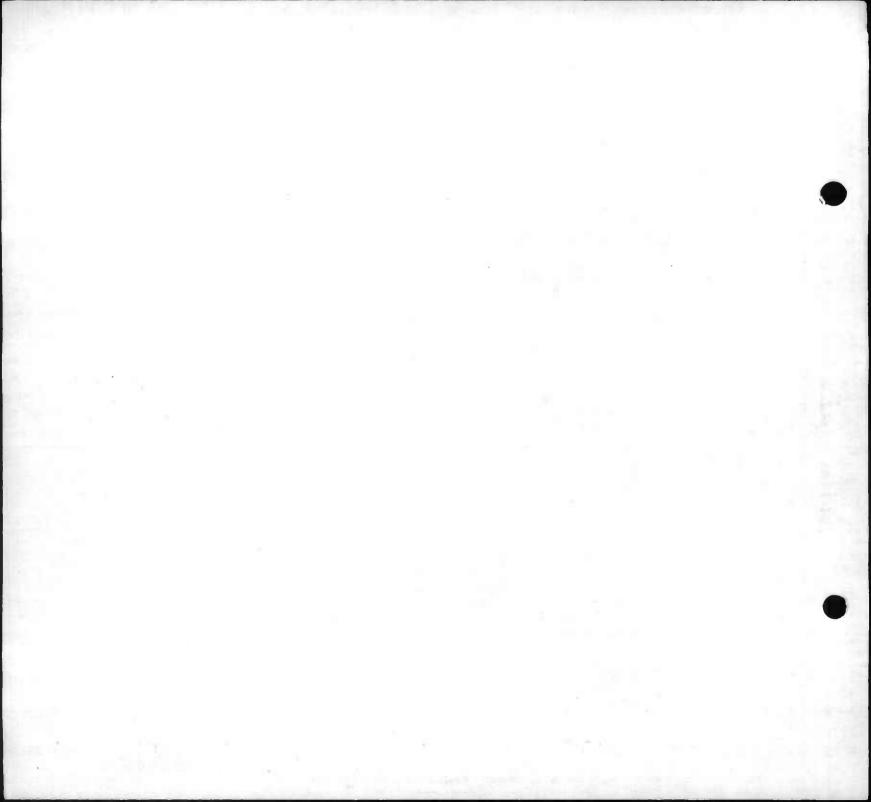


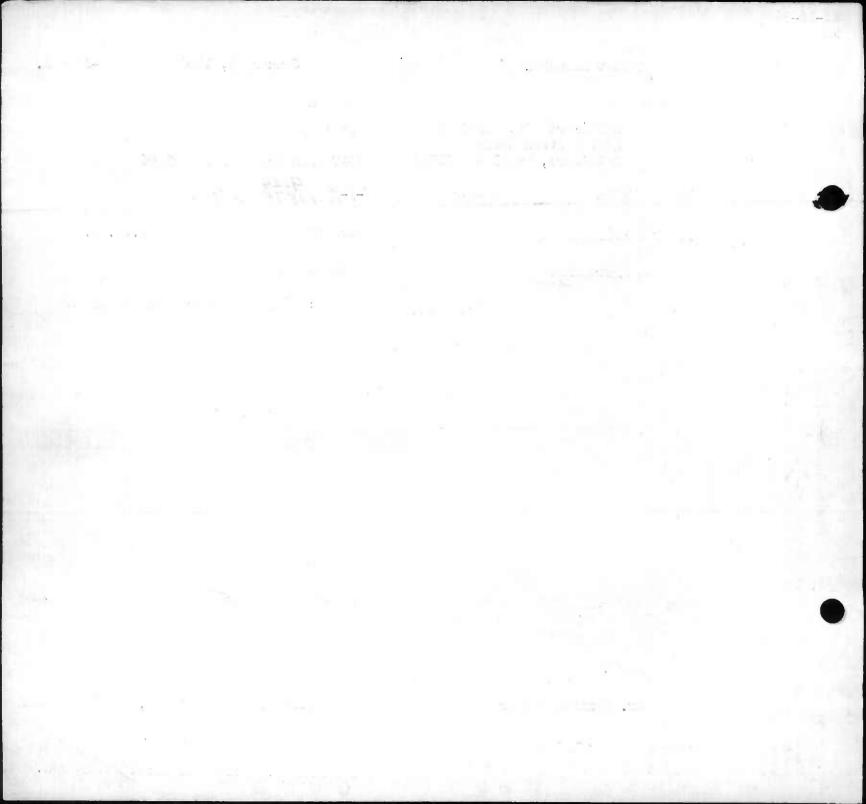
. THE ROLL SAFELY man of Wilcoms the state of the s

24 6

Registered No. BIRTH NO. Va . RTIFICATE OF DEATH rect or contributing cause of death (4) Undetermined cause; (5) Deceased Such M.E. CASE NO. 2, DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) uo a hospital death. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND attendance FULL NAME OF (If not in hospital or institution, give street oddress or location) HOSPITAL OR C. CITY OR TOWN 0 INSTITUTION prior D. STREET ADDRESS (If rurol, give location) regular made 7. MARRIED, NEVER MARRIED 9. AGE (In years 5. SEX 6. RACE 8. DATE OF BIRTH deceased WIDOWED, DIVORCED (specily) lost birthdoy 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) death disposition 2 done during most of working life, even if retired) naryland 13. FATHER'S NAME Mas 14. MOTHERS MAIDEN NAME the if the direct or his assistant if death OD kind; 15, Was Deceased Ever in U. S. Armed Forces? 16, SOCIAL final (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. attendance any pronounced CAUSE OF DEATH 0 DISEASE OF CONDITION DIRECTLY embalmed fracture of LEADING TO DEATH (This does not meon the mode of dying, e.g., hearl failure, asthenia, etc. It means the disease, the chief medical examiner regular injuly of complication which coused death,) ANTECEDENT CAUSES who are 4 DISEASES OR CONDITIONS, if ony, giving 3 rise to the obove couse (A) stoting the physician the remains UNDERLYING CONDITION lost. Was burns; OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. any nature; (2) Body 198 CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION 20A. AUTOPSY? (Yes or No) the O WAS PERFORMED before 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, lorm, foctory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF Ü where the body was released to the hospital ŝ DEATH (notily medical examiner) etc.) approved by obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY (except Not While While At (APPROX) Work and At Work 22. I certify that (his hospital) attended the deceased from leath); 19.64 that (We) lost saw the deceased alive on... An accident of hospital and hour and from the couses stated above. (5) (We) (did) (didnet) view the body ofter death. must 23A. SIGNATURE T Attending Phys, Med. Stalf Phys. M.D. 0 Director _ approval 0 prior 23C. PHYSICIAN'S 23D. ADDRESS q NAME (Type) Nou 4 shows: (1) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY eceased was D.O. REMOVAL (Specily) 1-5-66 Mem. Holly 25A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR

BALTIMORE CITY HEALTH DEPARTMENT 66 00068 M. 4. USUAL RESIDENCE (Where deceased lived. II institution: residence before admission)
A, STATE
B. COUNTY (If outside city limits, write RURAL and give township) onacon If Under 1 Yr. Months: Doys II Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS INTERVAL SETWEEN ONSET AND DEATH 20B. IF YES) WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) ond that In (our) opinion death occurred on the date 23B, DATE SIGNED ADDRESS





23C. NAME OF CEMETERY OF CREMATORY

RUSSELL S. FISHER, M.D.

248 NAME OF REGISTRAR

23B, DATE

ASSOCIATE MEDICAL EXAMINER

FUNERAL DIRECTOR

23D. LOCATION

1 - 3 - 66

ADDRESS

(State)



EXAMINER'S

NAME (Type)

23A, BURIAL CREMATION.

MA. DATE REC'D BY HEALTH DEPT.

REMOYAL (Specify)

Man Sugar Dec. 24/165 Patte Mit Daniel Scott Mene Hammy They's Joyce Troken Copyer French How Frenchisch reduct Jungers Millery Con , Pails

l aun	- 66	00071 MED		BALTIMORE CITY HEAL (AMINER'S C			DEATH Baston	00 000	171
		OOOTIMEL	JICAL EX	AMIINER 3 CI	EKHILICA	IE OF I	DEATH Registe	rea Na	Part State
	NAME OF DEC	EASED				2 DATE AN	D HOUR PRONOUNC	FD DFAD	
	pe or Print)	THOMAS GREEN	300	VWX .			ary 1, 1966		12:15 A.
3. 1		IMORE MARYLAND,	WHERE PRONOL	JNCED DEAD	4. USUAL RESID	DENCE (Where	deceased lived. If inst	itutian: residence	
		4 1994			A. SIAIE	aryland	B. COL	INTY	
FU1	L NAME OF	ADDRESS OR LOC	TAL OR INSTITU	JTION, GIVE STREET			e carparate limits, write	RURAL ond gi	ve township)
INS	TITUTION					altimor		V. K	1
10	TT *		4 - 1'		D. STREET ADD			0 0	J-
8	Unive	ersity Hospi	tai .				rrollton Ave	е.	4
5. 3		6. RACE		NEVER MARRIED DIVORCED(specily)	B. DATE OF BIRT	Н	9. AGE (In years last birthday)	Months Days	. If Under 24 His.
m	ale	negro	1040	cl	mana	1955	7		
				BUSINESS OR INDUSTRY	11. BIRTHILACE	(State or foreig	n country)	12. CITIZEN O	
don	e during mast af v	varking life? even if letired)	•	mait.		m.O	WHAT CO	A L
13.	FATHER'S NAM	IE CAUCE			14. MOTHER'S N	ALDEN NAM	E	MA	/4-
	Com.	ann	9		0-	8 00.			
15.	WAS DECEASE	D EVERIN U.S. ARM	D FORCES?	16. SOCIAL	17. INFORMANT	Jalle	4	ADDRESS	
(Yes	, ng drunknayin	(If yes, give wor or do	tes of service)	SECURITY NO.	1 2	1 00		4	1.
		no			Ta Verne	Colley	o 17321.	monioc.	
	1B.	90.0		CAUSE	OF DEATH				ERVAL BETWEEN
	DISEA	SE OR CONDITION							
	(This door o	LEADING TO DEA		(A) Asphy			···		
	heart foilure,	osthenia, etc. It mea nplication which cause	ns the discose,	but to car	bon monox	ide poi	soning		
		NTECENDENT CAU		(B)					
	RISE TO TH	OR CONDITIONS, IF E ABOVE CAUSE (A)	STATING THE	DUE TO					
7	UNDERLYIN	IG CONDITION LAST		(C)					
		ll l							
ERTIFICATION		NIFICANT CONDITION							
三		DEATH BUT NOT F		HE			******************************		•••••••
FR		OPERATION 198, CO	NDITION FOR	WHICH OPERATION	20A. AUTOPSY	r? (Yes ar No)	208. IF YES, WERE FIL		
ū	0	WAS PI	RFORMED		no		IN CERTIFYING CAU	SES OF DEATH?	
		L CAUSE WAS	21 B.	PLACE OF INJURY (e.g.,		WHERE DID	(If in Baltimare City, gi	ve exact location	n)
EDICE	21A. EXTERNAL CAUSE WAS UNDERLYING ROR CONTRIB- UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Baltimare City, give exact location) home, farm, factory, street, affice bldg. INJURY OCCUR? 26 N. Carrollton Ave.								
Z Z	21 D TIME	(Adapth) (Day) (V	-A (H)					- / -	-
OF INJURY									
	The state of the s								
	22.								
	resul	ted fram: Natural c	auses A	ccident X Suicid			Indetermined manne		
CHIEF MEDICAL EXAMINER									
	DATE SIGNED								
	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER								
	EXAMIN		r Breite	necker, M.D.	ASSOCIATE N	AEDICAL EX	KAMINER	of the last	-1-00
	BURIAL CRE	MATION, 23B. DATE	23	C. NAME of CEMETERY o	CREMATORY	23 D. L	OCATION (City,	tawn, ar county	(State)
KE/	REMOVAL (Specify)								
24/	24A. DATE REC'D BY HEALTH DEPT. 24B, NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS								
	(831	r 4000 A a	-	and the same of th	21	AL DIRECTOR	1 1	ADDR	
	JAN	5 1966 02.2	E. 3 class	Children and	Toho	410.le	Ilson 11	Do Bea	enter a
VS	VS 151-REV. 1/1/65								

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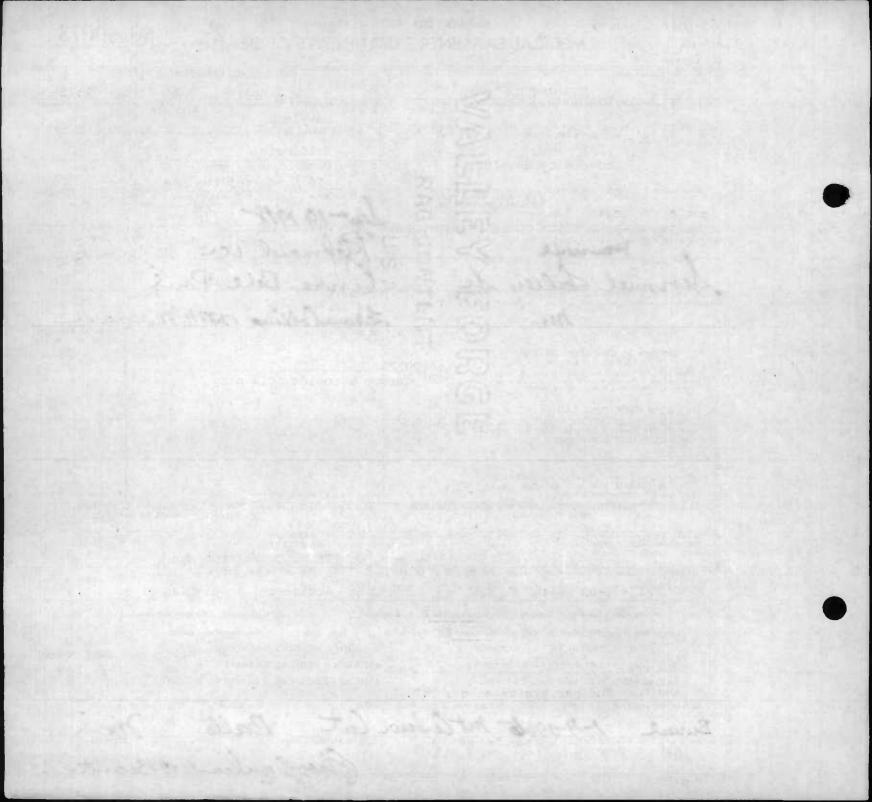
	LEKTIFICATE OF DEATH Registered No.						
M.E. CASE NO. 1. NAME OF DECEASED							
(Type or Print) TYRONE GREEN	2. DATE AND HOUR PRONOUNCED DEAD						
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	January 1, 1966 12:15 A						
	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland						
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If autside corporate limits, write RURAL and give township)						
INSTITUTION	Baltimore						
University Hespital	D. STREET ADDRESS (If rurol, give lacotion)						
University Hospital	26 N Carrollton Ave.						
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.						
male negro WIDOWED, DIVORCED (specify)	Park F. 1/45 72 last birthdoys Months Days Hours Min.						
10A. USUAL OCCUPATION (Give kind of work) 108. KIND OF BUSINESS OR INDUSTR	RYY1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF						
dane during most of warking life, even if retired)	my 14. 200 WHAT COUNTRY?						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
Cone Orace le	0. 1.11.						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS						
(Yes, no or unknown) (If yes, give war or dotes of service) SECURITY NO.	D. D. D. D. D. D.						
In Inc.	Fallene Collours 1932 7. Monroe St-						
18. E \$ 90, 0	SE OF DEATH INTERVAL BETWEEN ONSET AND DEATH						
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH							
(This does not mean the mode of dying, e.g., DUF TO	010010000000000000000000000000000000000						
heart foilure, asthenio, etc. It means the disease, injury ar complication which coused death.)	rbon monoxide poisoning						
ANTECENDENT CAUSES	CENDENT CAUSES						
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO							
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.							
(C)							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION WAS PERFORMED (C)							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE							
DISEASE OR CONDITION CAUSING IT.	Too. Oleanor W. W. 1800						
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
₹ 21A, EXTERNAL CAUSE WAS 21B, PLACE OF INJURY (e.g.,	, in ar obaut 21C. WHERE DID (If in Baltimore City, give exact location)						
UTING CALLSE OF DEATH home, farm, foctory, street,	office bldg., INJURY OCCUR?						
21D TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	26 N. Carrollton Ave.						
(Manin) (Doy) (Teol) (Haul) 21E INJURI OCCURRED							
(APPROX.) 12-31-65 11:40 P m. WHILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	WORK Accidental inhalation of gas fumes						
22. I certify that I held on Inquiry Inspection X Au	utopsy ond that on this bosis, death in my oplnion						
resulted from: Notural couses Accident X Suicia							
010	CHIEF MEDICAL EXAMINER						
ACTUAL (// STATEMENT	DATE SIGNED						
SIGNATURE EXAMINER'S	ASSOCIATE MEDICAL EXAMINER 1-1-66						
NAME (Type) Rudiger Breitenecker, M.D.							
23A, BURIAL CREMATION, 238, DATE 23C. NAME of CEMETERY REMOVAL (Specify)	or CREMATORY 23D. LOCATION (City, town, or county) (State)						
0 1 1 1 1 1 1 1 1 1 1	Cont Bolt mel						
24A. DATE REC'D BY HEALTH DEPT. 24B, NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS						
JAN 5 1966 Robert E. Farley MA	81 1.1.1						
01111	to bear 11/11/11/11 in the						

Elem Clay 1932 1 mare Ding 1-46 Atlanton Cor Ballo och Bloom & W. Lione 1808 Bloom with

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L NAME OF DECEASED ANN GREEN ANT GREEN AND THE STANLE decarded lived if institutions residence before admission in the stanle and	
ANN GREEN	
LILL NAME OF (IF NOT IN HOSPITAL DE INSTITUTION), GIVE STREET (CITY OR TOWN (II outside corporate limits, write RURAL and give township) Baltimore University Hospital C. CITY OR TOWN (II outside corporate limits, write RURAL and give township) Baltimore D. STREET ADDRESS (II rural, give locoston) B. STREET ADDRESS (II rural	
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66 000	BALTIMORE CITY	HEALTH DEPARTMENT	66 00074					
BIRTH NO.		TE OF DEATH Registered No.	00 00074					
NAME OF DECEASED		2. DATE AND HOUR OF DEATH						
Type or Print) HARY AT	WERTA FOSSETT	January 3, 19	966					
B. PLACE OF DEATH IN BALTIMORE, MARY		4. USUAL RESIDENCE (Where deceased lived, If i	institution: residence before admission					
		Maryland	25-32					
FULL NAME OF (II not in hospital or HOSPITAL OR oddress or location)	institution, give street	C. CITY OR TOWN (If outside city limits, write	23 35					
INSTITUTION		Beltimore	KUKAL ond give township)					
		D. STREET ADDRESS (If rurol, give location)						
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3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME						
Frank Thomas		Tana Protter						
The state of the s	se? 1 6. SOCIAL	Jane Prettyman	ADDRESS					
5. Was Deceased Ever in U. S. Armed Force Yes, no or unknown) (If yes, give wor or dates	of service) SECURITY NO.							
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(Ту	pe or Print) MICHAEL J	AUSE BELLE	ī		January 1 10	966 1 9.15 A
3. F	PLACE IN BALTIMORE MARYLAND, W			4. USUAL RESIDENCE	Where deceosed lived. If ins	966 9:45 A M.
e	TIRZON III TOM BILL BO BAAAR III	AL OR INICTITE	TON CIVE STREET			
HO	LL NAME OF (IF NOT IN HOSPIT SPITAL OR ADDRESS OR LOCA	ATION)	ITION, GIVE STREET	C. CITY OF TOWN (II	outside corporate limits, writ	te RURAL and give township)
11,43				Baltim	ore	1-05
1	Johns Hop	kins Hos	spital	D. STREET ADDRESS (
					llas St.	
5. \$	6. RACE		NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours Min.
1	male negro			9/8/65		3
	USUAL OCCUPATION (Give kind of wor e during most of working life, even if retired)	k OB. KIND OF	BUSINESS OR INDUSTR		r foreign country)	12- CITIZEN OF WHAT COUNTRY?
7.0				Maryland		U.S.A.
13.	Howard Jeffer	2000		Elizabet		
15	WAS DECEASED EVER IN U.S. ARMEE		T/ COCIAL	17. INFORMANT	II TOILE	ADDRESS
	s, no or unknown) (If yes, give wor or dote		16. SOCIAL SECURITY NO.		Long 816 N.	
	18. () 5 X		CAUS	E OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION D	DECTI V				ONSET AND DEATH
	LEADING TO DEATH	1	(A) Inter	stitial pneum	onitis	
	(This does not mean the mode of heart failure, asthenia, etc. It means injury or complication which coused ANTECENDENT CAUSI DISEASES OR CONDITIONS, IF / RISE TO THE ABOVE CAUSE (A) S	ES ANY, GIVING	(B)DUE TO			
	UNDERLYING CONDITION LAST.	TAINO INL				
NO.			(C)			••••••••
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE DISEASE OR CONDITION CAUSIN	LATED TO T				
ERT	19A. DATE OF OPERATION 19B. CON		WHICH OPERATION	20 A. AUTOPSY? (Yes	or No. 20B. IF YES, WERE FI	
0	* = 1			ves		
MEDICA	21 A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	21 B. home etc.)	PLACE OF INJURY (e.g., , form, foctory, street,	office bldg., INJURY OCC	DID (If in Boltimore City, g	ive exact location)
Σ	21D TIME (Month) (Doy) (Yes	r) (Hour) 2	1E. INJURY OCCURRED	21 F. HOW DI	D INJURY OCCUR?	
	(APPROX.)	m. V	VHILE AT NOT	WHILE		
	22.					
	I certify that I held an		_ (=		an this basis, death in	
	resulted fram: Natural ca	USOS XX A	ccident _ Suici	Contract to the second second		er 🔛
	ACTUAL SIGNATURE	rest	which	CHIEF MEDICA	AL EXAMINER	DATE SIGNED
			ecker, M.D.	ASSOCIATE MEDIC		1-2-66
	A. BURIAL CREMATION, (23B, DATE MOVAL (Specify) Durial /5	-66	C. NAME OF CEMETERY	CREMATORY	Baltmun	y, town, or county) (Stote)
24/	A. DATE REC'D BY HEALTH DEPT.	24B. NAME	OF REGISTRAR	24C. FUNERAL DIR		ADDRESS
	JAN 5 1966 @ 0	P- 0	Fr. Owner	Charles	a. Rice, 661	W. Barre St.

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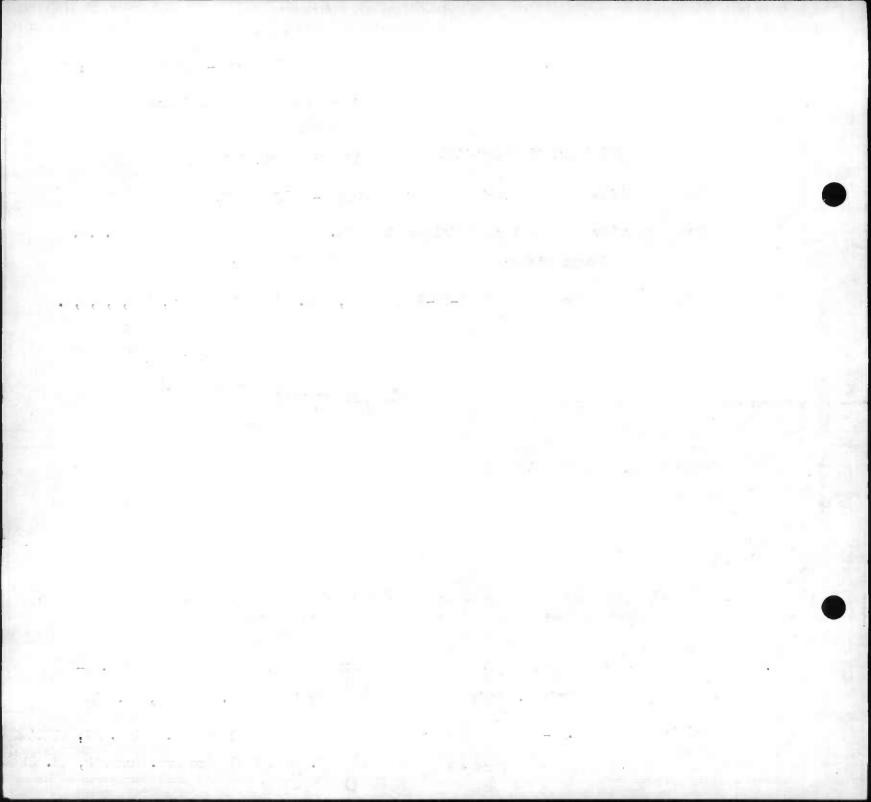
eatl

BALTIMORE CITY HEALTH DEPARTMENT Registered No66 00076 66 00076 CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) William T. Smith 1-3-66 7:00 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A, STATE
B. COUNTY A. STATE Baltimore Maryland C. CITY OR TOWN (If outside city limits, write RURAL and give township) Dundalk Baltimore 1908 Holborn Road 21222 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours! Min. lost birthdoy) 70 1-15-95 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Oklahoma 14. MOTHER'S MAIDEN NAME Nancy Seiner 17. INFORMANT Wife, Mrs. Anna M. Smith, # 4,a,b,c,d. INTERVAL BETWEEN ONSET AND DEATH APPROX 3 DAYS EGANGRENE & COLOR (B) CHRONIC FECAL & (BANTUM) DONPACTOR & CHRONIC PYELO NEPHRETES 20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bidg., INJURY OCCUR? (If in Baltimore City, give exact location) 21F. HOW DID INJURY OCCUR? 66 6.6 and that in (my) (cor) apinian death accurred an the date and have and from the causes stated abave. ((1) (We) (did) (did not) view the body after death. 23B. DATE SIGNED Med. Stoff Phys. Director Monumen Burial Jan. 6-1965 New Cathederal 4300 Old Frederick Rd. Balto. Md. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR JOHN J. DUDA 7922 Wise Ave. Dundalk, Md. 22 VS 150-REV. 1/1/65

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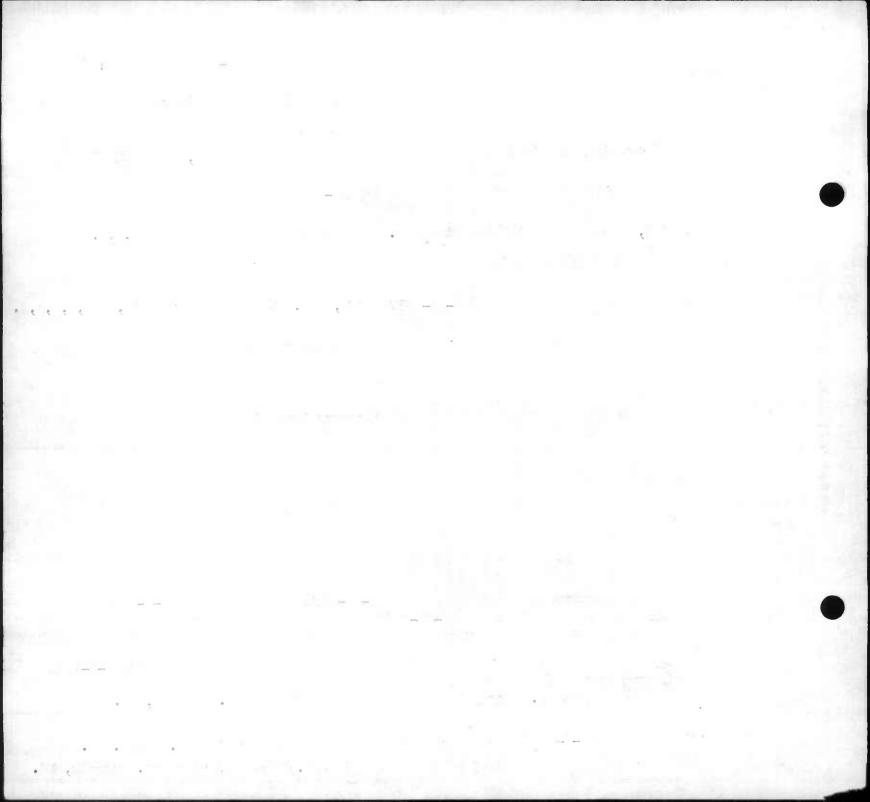
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death of shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

				BALTIMORE CIT	Y HEALTH DEPARTMEN	T. No.	
BIRTH		66 0	0077	CERTIFICA	TE OF DEAT	H Registered Na.	66 00077
1.NAA	ME OF DECEAS	SED			2. DAT	E AND HOUR OF DEATH	1
	or Print)		. FISHER	3		anuary 3- 196	
3. PLA	CE OF DEATH	IN BALTIMORE, M	ARYLAND		4. USUAL RESIDENCE A. STATE B. C	Whose deceased lived, if i	institution: rosidonco bofore odmission)
	L NAME OF	(If not in hospito		givo street	Maryland	Baltime	ore
	SPITAL OR TITUTION	oddross or locoti	on)		Dundalk	If outside city limits, write	RURAL and give township)
31		Baltimore	City Ho	spital	716 Old No.	(If rurol, give locotion) rth Point Road	d 21222
5. SEX	6.	RACE		NEVER MARRIED D. DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. , If Under 24 Hrs. Months Doys Hours Min.
Ma		White	Marr	ied	July 6- 191	3 52	
		.TION (Give kind of wo ling lile, even if retired)		BUSINESS OR INDUSTR	11. BIRTHPLACE (Stoto o	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
	rane Ope	rator	Eastern	Staibless St		Maryland	U.S.A.
13. FA	THER'S NAME	0	72.1		14. MOTHER'S MAIDEN		
57778		George			Elizabeth	Edler	
	o or unknown) (If	yes, give wor or do		SECURITY NO.	17. INFORMANT		ADDRESS
	No	No		212-01-9225	Wife, Mrs. V:	irg <mark>inia Fishe</mark> r	r, # 4,a,b,c,d.
1B.	Hdo.	/ 1		CAUSE	OF DEATH		INTERVAL BETWEEN
		OR CONDITION D ADING TO DEATH			(aleaster)	Da lun	Thin 1. 12
		mean the made a			i corcerange	Manage	Valser
		henio, etc. It meon calion which cause		.7	LibiTime	1A-5-C	11/1 0
	AN'	TECEDENT CAUSE	S	(B) DUE TO	7 Julium	6171 2.	mace -
		CONDITIONS, il		45	<i>V</i> /		1.5
		ONDITION last.	siding ine	(C)	***************************************		
z o	THER SIGNIFIC	II ANT CONDITIONS	CONTRIBUTION	G		Nucks	
HEIT	O THE DEAT	TH BUT NOT REL	ATED TO TH	IE ,			
	A. DATE OF OF	PERATION 198. CO		WHICH OPERATION	NO 20A. AUTOPSY? (Yos	or No. 20B. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
	A. ACCIDENT	WAS UNDERLYING	218	PLACE OF INJURY (e.g.,	in or obout 21C. WHERE D	ID (If in Boltimo	ore City, give exact location)
CAL	EATH (notify me	edicol oxominer)	otc		office bldg., INJURY OCCU	K:	
0 21	D. TIME (N	Nonth) (Doy) (You) (Hour) 21 E	. INJURY OCCURRED	21 F. HOW DIE	NJURY OCCUR?	
₹ (A	PPROX.)		Wit Wo	nile At Not Wh		\cap	
22	. I certify the	it (1) (this hospite	al) attended t	he deceased from	2hr429	196 V to 12	m 3 - 1966
th	at (1) (we) la	st saw the deceas	ed alive an	NOV. 23	19 / 65 ar	nd that in (my) (our) ap	pinion death accurred on the date
an	nd haur and fr	am the causes st	ated abave. (l) (We) (did) (did nat)	view the body after de	ath.	
23	A SIGNATURE	381					23B. DATE SIGNED
	11/1	a will	2	M.D. At	tending Med. ys. Diroctor	Stoff Phys.	Jan. 4-1966
23	C. PHYSICIAM'S NAME (Typo)		n B. Dav	vis M.D.	6800 Morning	ton Rd. Dunda	lk, Md. 21222
24A. B	SURIAL CREMA	TION, 24B. DATE	24C. N	AME of CEMETERY or CI	REMATORY 24	ID, LOCATION (C	City, town, or county) (Stoto)
Bur	TAL (Spot	Jan. 7	- 1966	Oak Lawn	722	5 Eastern Ave	. Balto. Md. 21224
	IAN 5 1	966 P.	m / /	OF REGISTRAR	JOHN J. DUI	OA 7922 Wise A	ve. Dundalk, Md. 21
	D-REV. 1/1/65	1000	7 9 7	5 6 0)	0 0 7	Ô	



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

			BALTIMORE CITY	HEALTH DEPARTMENT	1	20 00000
BIRTH NO. M.E. CASE NO.	66	00078	CERTIFICA	TE OF DEATH	Registered Na	66 00078
1, NAME OF DE	00	00010	ELEKAKIS		ry 1- 1966	10:04 PM M.
3. PLACE OF D	EATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (Whe		institution: residence before admission)
FULL NAME			give street	Maryland	Baltimo	ore
HOSPITAL OF	oddress or location)			Dundalk	tside city limits, write	RURAL and give township)
Balti	more City Hos	pital		8017 Gray Har	21222	
s. sex Male	6. RACE White		NEVER MARRIED D, DIVORCED (specily)	B. DATE OF BIRTH May 13-1913	9. AGE (In years lost birthday) 52	II Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	CUPATION (Give kind of wor of working life, even if retired)	k 108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
Hot Mil		Bethleh	em Steel Co.	Greece		U.S.A.
3. FATHER'S NA	AME			14. MOTHER'S MAIDEN NA	ME	0.0.7.
	Stephan Pe	lekakis		Kalippe Ga	alanos	
Yes, no or unknov	ed Ever in U. S. Armed Fo	es of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	No		212-01-6537		ngeline Pel	ekakis, # 4,a,b,c,d
18. 4 ×	(0,7-1		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISE	ASE OR CONDITION DI LEADING TO DEATH			myocardial i	inferction	1 month
	not mean the made of		DUE TO			, morron
	e, asthenio, etc. It means amplication which coused		0.22	tomicas]onatic 1		
	ANTECEDENT CAUSES	S	(B)	teriosclerotic }	neart disea	S 0
DISEASES	OR CONDITIONS, if		DUE TO	oomonome deshard		
rise la l	he above cause (A)		(C)	coronary ischemi	ra.	
UNDERLYIF	NG CONDITION Iosi.					
E TO THE	NIFICANT CONDITIONS (DEATH BUT NOT REL	ATED TO THE	3 E			
	DISEASE OR CONDITION CAUSING IT. 19.A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED			20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
OR CONTRI	21A. A CCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF home, lorm, foctory, street, of etc.)			n or obout 21 C. WHERE DID INJURY OCCUR?	(II in Boltimo	ose City, give exact locotion)
21D. TIME	(Month) (Doy) (Year)	(Hour) 21E.	INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
(APPROX.)		Whi	le At Not While	e 🗀		
22. L certif	v that (1) (thDCASOFa				10 to	1-1-1966 19
						Union death accurred an the dote
		ted obave. (I) (병호) (설년) (did nat) v	riew the body after death.		
23A. SIGNAT	TURE				s. "	23B, DATE SIGNED
7	malme of	7. M.	M.D. Atto	ending XX Med.	Stoff Phys.	January-3-1966
23C. PHISICI NAME	(Type)/	F. Nevy	M.D.	7001 Morningto	n Rd. Dunda	lk. Md. 21222
24A. BURIAL CE	REMATION, 248. DATE (Specify)	24C. NA	ME OF CEMETERY OF CR			City, town, or county) (State)
Burial	(Specify) Jan-6-1	066	al- 0-41 1			
	D BY HEALTH DEPT.	250 NAME O	ek Orthodox	Winds 25C. FUNERAL DIRECTOR	or Mill Rd	Balto Md
	5 1966 Robert	18, da	Sev.M.B			Ave. Dundalk, Md.
VS 150-REV. 1/1	/65			14466		



Birt	th No. 66	00079		Y HEALTH DEPARTMENT ATE OF DEATH Registered No. 6 00079			
1. N	E CASE NO. IAME OF DECEASED pe or Print)		CERTIFICA		D HOUR OF DEATH		
3. 1	MAC MURRAY. PLACE OF DEATH IN BALTIM ST AGNES HO FULS NAME OF (If not in		ion, give street	4. USUAL RESIDENCE (Where A. STATE B. COUN	TY	nstitution: residence before admission) 25-42 RURAL and give township)	
16	ST. AGNES	HOSP TTAL		D. STREET ADDRESS (If rurol, give locotion) 500 BROHAWN AV 2025 BROHAWN AVENUE			
5. S	Female White	WIDO	NED, NEVER MARRIED DWED, DIVORCED (specily) DOWED	5 28 81	9, AGE (In years lost birthdoy) 84	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	
don	6A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR' one during most of working life, even if refired) EXECUTED RETIRED			BALTIMORE, M	1D	12. CITIZEN OF WHAT COUNTRY?	
13.	UNKNOWN DEC D			UNKNOWN	DECID		
15. Yes	Was Deceased Ever in U. S., s, no or unknown) (If yes, give v NO	Armed Forces? vor or dotes of serv	ce) 16. SOCIAL SECURITY NO. UNKNOWN	SON-LESTER M	AC MURRAY	ADDRESS 5012 EUGENE AV	
ATION	(This daes nat mean the heart failure, asthenia, etc. injury at camplication whice ANTECEDENT DISEASES OR CONDITIORISE to the obove con UNDERLYING CONDITION OTHER SIGNIFICANT CONDITION TO THE DEATH BUT N	It means the dise h coused death,) CAUSES INS, if any, giuse (A) stating last. OITIONS CONTRIBL	ving the (C)	art Failer mile Ch	se -		
ERTIFICA			OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?	
CAL CE	21A. ACCIDENT WAS UNDE OR CONTRIBUTING CAUS DEATH (notily medicof exomi	EOF	21B. PLACE OF INJURY (e.g., inhome, lorm, loctory, street, oletc.)	n or obout 21 C. WHERE DID	(If in Boltimore	e City, give exact location)	
MEDIC	21D. TIME (Month) (Doy OF INJURY (APPROX.)	(Year) (Hour)	21E, INJURY OCCURRED While At Not Whit Work At Work	21F. HOW DID INJ	URY OCCUR?		
	that (I) (we) last saw the	deceased alive	on3JANUARY	iew the bady after death.	Stoll Phys.	IANUARY 19 66 , inian death accurred an the date 238. DATE SIGNED 1 3 66	
	REMOVAL (Specily)	DATE 24	LOUDON PARK CEN		BALTIMORE,	ity, town, or county) (State) MARYLAND	
	JAN 5 1966 (Coleur Es	COLUMN CO	25C. FUNERAL DIRECTOR HUBBARD EUNER	AA HOME, 41	O7 WILKENS AVE. # 2	

Į. 180 Such

death.

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prior

deceased

the

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attendance

written approval must be obtained before the remains are embalmed or final disposition is made.

deceased prior to death); and (6) No physician was in regular

	A-650 00000	BALTIMORE CITY	HEALTH DEPARTMENT	2	
BIRT	1,05 2 66 00080	CERTIFICA	TE OF DEATH	Registered Na	36-00080
	CASE NO.	CERTIFICA			
	AME OF DECEASED	m	2. DATE	AND HOUR OF DEATH	
	HRMIGER, JE	IMES M.	1	£ . 5,176	
3. P	LACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. CO	here deceased lived. It i	nstitution: residence before admission)
	ULL NAME OF (If not in hospital or institution oddress or location)	on, give street	Maryland,	Calvert	
	NSTITUTION 4946 Eastern AV	e	Taken .		RURAL ond give township)
1.	/ / / /		Prince Fred	(If rurol, give locotion)	TURLE 5700
1	Baltimore City Hospita	/ 21224	Box 128 H		
5. S	EX 6. RACE 7. MARE WIDO	HED, NEVER MARRIED WED, DIVORCED (specify)	5-13-91	9. AGE (In years lost birthdoy)	It Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 10B, KINE		11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
done	during most of working life, even if retired	,	md	100	2/54
13.	farmer Fan	mena	14. MOTHER'S MAIDEN	IAME	
	William armicen)		Mary Tolle	Plum	(2)
15.1	Was Deceased Ever in U. S. Armed Fours? ,,no or unknown) (If yes, give war or dates of servi	ce) 16. SOCIAL	17. INFORMANT		ADDRESS
	No	220-38-0987	RECORDS:BCH 4	940 Eastern	Avenue 21224
	18.	CAUSE OF	DEATH	744 200 40231 3	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
	LEADING TO DEATH	(A) AC	UTE BLASTIC	- LEUKEMIK	7 8 70NS.
	(This daes not mean the made of dying, heart foilure, osthenia, etc. ft means the dise injury or complication which caused deoth.)	e.g., DUE TO	<u></u>	a a refigent from Time an an an an an about a territory of a first and	
	ANTECEDENT CAUSES	(B)			
	DISEASES OR CONDITIONS, if any, gi-				
	tise to the above cause (A) stating UNDERLYING CONDITION last.	(C)			***************************************
	- 11				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
ERTIFIC/		OR WHICH OPERATION	20 A. AUTOPSY? (Yes or	No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., in home, torm, foctory, street, off etc.)	or obout 21 C. WHERE DID	(If in Boltimo	re City, give exact location)
0	21D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21 F. HOW DID	NJURY OCCUR?	
ME	OF INJURY (APPROX)	While At Not While At Work			
	22. I certify that (I) (this hospital) attend	ed the deceased from	Ec. 15	1965 to J	AN 3 1966.
	that (I) (we) lost sow the deceased alive	on JAN2	19 66 and	that in (my) (aur) ap	fnion death occurred on the date
	ond hour and from the couses stated obay	e. (1) (We) (did) (did nat) v	iew the body ofter deot	h.	

23A. SIGNATURE

23C. PHYSICIAN'S NAME (Type)

Attending Phys. M.D. 23D. ADDRESS

Med. Director

Stoff Phys.

Gerald Posen DATE 24C, NAME of CEMETERY

M.D.

4940 Eastern Avenue Baltimore, Maryland 21224 or CREMATORY

24D. LOCATION

23B. DATE SIGNED

24A. BURIAL CREMATION, 24B.

9 DEPT.

26C. FUNERAL DIRECTOR

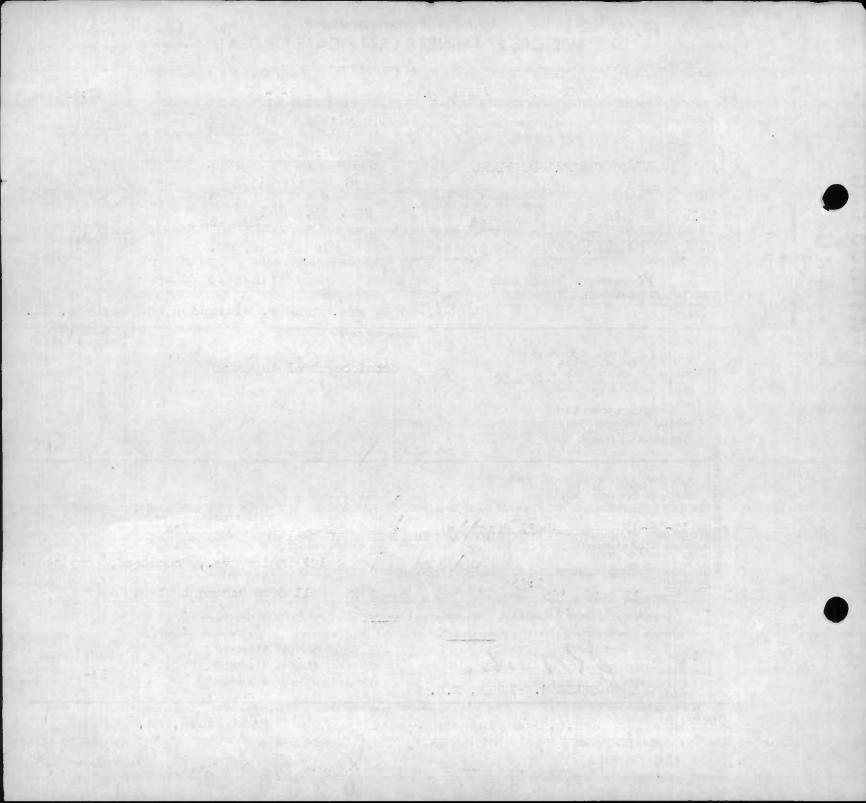
(Stote)



	- N. K.
	M.E

66 00081		LTIMORE CITY HEAL		X	6 00081
BIRTH NO. MEDIC	CAL EXA	AMINER'S CI	ERTIFICAT	TE OF DEATH Regis	tered No.
M.E. CASE NO.				T-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
Type or Print)	1T1 A	THULLMAN		2. DATE AND HOUR PRONOUN	
GEORG 3. PLACE IN BALTIMORE, MARYLAND, WHI		LEXANDER CED DEAD	4. USUAL PESIDI	1-3-66	11:15 A M.
STEASE IN STEINING MARIENTS, WITH	ERE PROHODIN	orb bring	Maryland		TINUC
FULL NAME OF (IF NOT IN HOSPITAL HOSPITAL OR ADDRESS OR LOCATI	OR INSTITUTI	ON, GIVE STREET	C. CITY OR TOW	VN (If outside carparate limits, w	rite RURAL and give township)
INSTITUTION .			Cumber lan	hn	51-00 1
MARYLAND GENERAL	HOSPTTA:	ī.		RESS (If rural, give lacation)	0,00
	11001 1111		0 -	Box 441	
5. SEX 6. RACE 7	7. MARRIED, N	EVER MARRIED	B. DATE OF BIRTH		s If Under 1 Yr, If Under 24 Hrs.
Male White		ORCED(specify)	Oct. 31	, 1882 lost birthdoy)	Manths Days Hours Min.
IDA. USUAL OCCUPATION (Give kind of work)	Marrie			83	12. CITIZEN OF
done during most of working life even if retired) Retired Machiniist	Rail			dletown, Md.	WHAT COUNTRY?
13. FATHER'S NAME	110022	1000	14. MOTHER'S MA		7.711
Eugene A. Ale	vandar			ry Elizabeth Tra	CV
15. WAS DECEASED EVER IN U.S. ARMED F		S. SO CIAL	17. INFORMANT	J -22200000	ADDRESS
(Yes, na orunknawn) (If yes, give wor ar dates		705-12-4654	Mrs. A	nna V. Alexander	, Cumberland, Md.
18. 900,0		CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRE	ECTLY		The same		ONSET AND DEATH
LEADING TO DEATH		(A) Cr	aniocereb	ral injuries	
(This does not mean the made of a heart failure, asthenia, etc. It means the injury or complication which caused de	dying, e.g., the disease, eath.)	DUE TO			
ANTECENDENT CAUSES					
DISEASES OR CONDITIONS, IF AN	Y, GIVING	(B) DUE TO			
RISE TO THE ABOVE CAUSE (A) STA UNDERLYING CONDITION LAST,	ATING THE				
Z		(C)		••••••••••••••••••	
OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONDITION CAUSING I DISEASE OR CONDITION CAUSING I 19A. DATE OF OPERATION 19B. CONDITION					
OTHER SIGNIFICANT CONDITIONS C					To the second beautiful to
DISEASE OR CONDITION CAUSING I		IICH OPERATION	OOA AUTORCY	2 /V NI-) 1905 IP VEC WEST	ENDINGS CONSIDERS
() WAS PERFO	DRMED		ZUA. AUTOFST	? (Yes or No) 208. IF YES, WERE IN CERTIFYING CA	USES OF DEATH?
12-29-65 Skt	ull frac	ACE OF INJURY (e.g.,	in or obout 21C. W	YHERE DID (If in Baltimare City,	
UNDERLYING DE CONTRIB-	hame,	farm, factory, street, o	ffice bldg., INJURY	OCCUR?	3 6 00
7		n's home	10	7 Taylor Ave., Ha	mpstead, Maryland
OF INJURY	2:15	INJURY OCCURRED			
(APPROX.) 12 29 165	PM m. Wo	ILE AT NOT	ORK Fe	11 down basement	steps
22, I certify that I held an Inc	quiry _	Inspection Aut	apsy X and	d that on this basis, death in	my opinian
resulted from: Natural caus	ses Ac	cident X Suicide	e Hamici	de Undetermined man	nner 🗌
77	/ 1		CHIEF ME	EDICAL EXAMINER	DATE SIGNED
ACTUAL SIGNATURE	-who	1 40	ASSISTANT MI	EDICAL EXAMINER	DATE SIGNED
EXAMINER'S RUSSELL S	. FISHER			EDICAL EXAMINER	13-66
23A. BURIAL CREMATION, 23B. DATE	laac	NAME of CEMETERY of	CDEALATORY	1000 1001	
REMOVAL (Specify)	230.	IAMIAIE OF CEIAIFIERI O	CKENTATORI	23D. LOCATION (Ci	ty, tawn, or county) (State)
Burial Jan.6,1		theran Ceme		Middletown,	

VS 151-REV. 1/1/65



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JAN

VS 150-REV. 1/1/65

1966

258. NAME OF REGISTRAR

a hospital and

cause

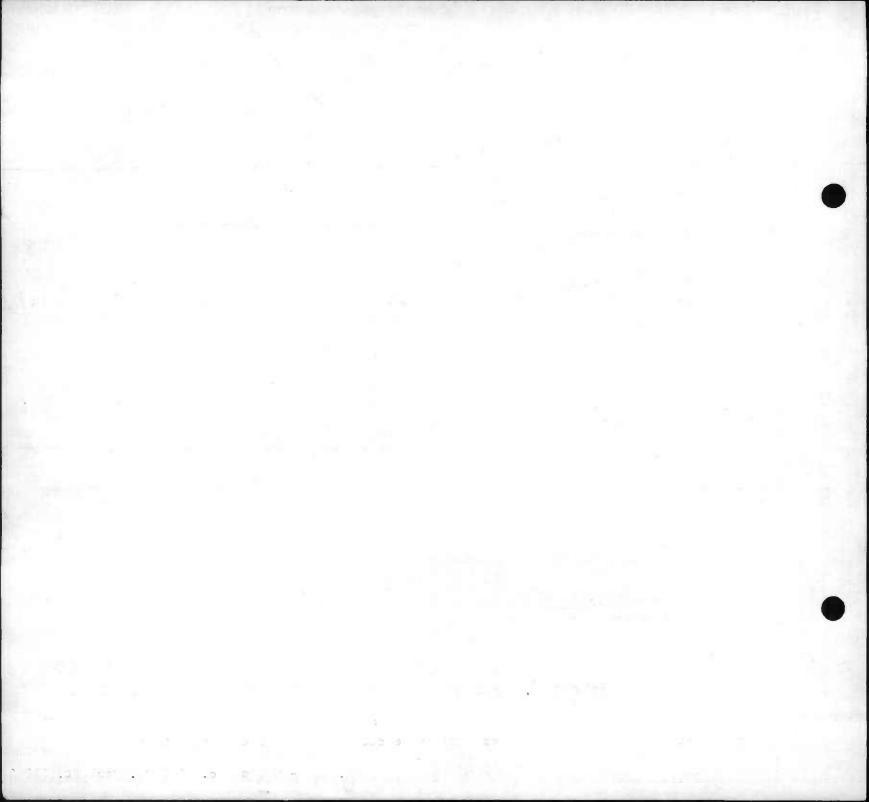
Such

				BALTIMORE CITY	HEALTH DEPARTMEN	IT	66 00060
	H NO.	66 000	82	CERTIFICA	TE OF DEAT	H Registered N	66 00082
1. N	AME OF DEC		_		2. DAT	TE AND HOUR OF DEA	TH
LIVE	e or Print)	Katherine	Car	rick		January 3,	1966
3. 1	PLACE OF DE	ATH IN BALTIMORE, MAI	RYLAND			TOUNTY	f institution: residence befare odmission)
1	FULL NAME OF HOSPITAL OR NSTITUTION	F (If not in hospital e address ar location	ar institution)	n, give street			te RURAL and give township)
		Haven Nursing	Home		Baltim		
16	/	3939 Penhurst	Avenu	ıe	D. STREET ADDRESS 629 Au	(If rural, give tacation) gusta Avenue	N. (29)
5. S	EX	6. RACE	7. MARRIE	D, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
	Female	White	WIDOW	ever Married	April 22,18	lost birthday)	Manths Days Haurs Min.
	e during mast of	working life, even if retired)	10B, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State o	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Non	е			Bowie, Mary	land	U.S.A.
13.	FATHER'S NA	ME			14. MOTHER'S MAIDEN	NAME	
		John Carrick	k		Rosett	e MacAbee	
15.	Was Deceased	Ever in U. S. Armed Ford	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No	yes, give wor or dute	S OF SETVICE	None	Mrs. Clifton	n Hawkins 4	606 Maine Avenue(7)
	18. 2	1 4		CAUSE O	F DEATH		INTERVAL BETWEEN
	DISEA	SE OR CONDITION DIR	ECTLY		0 /	- 1	ONSET AND DEATH
		LEADING TO DEATH			1 / 1 hours	1. 4	lac
	(This does n	nat meon the made of	dying, e.e	g., DUE TO	my over		7
		asthenio, etc. It meons		е,	Al c-	1 0 -1	
			deam./	(R)	Malner	dratugh	V
		ANTECEDENT CAUSES		DUE TO	n	000	
		OR CONDITIONS, if			uraless	& Esterna	delines -
		e above couse (A) G CONDITION lost.	stoting tr	1e (C)			
		11				/	
ATION	TO THE D	IFICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING I	TED TO	NG THE			
CERTIFICA	19A. DATE OF	OPERATION 198. CON		WHICH OPERATION	20 A. AUTOPSY? (Yes	ar Na) 20B. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
CER	21 A. ACCIDE	NT WAS UNDERLYING	2	1B. PLACE OF INJURY (e.g., in			nore City, give exact lacotion)
CAL	OR CONTRIBU	JTING CAUSE OF medical examiner		ame, farm, factory, street, al tc.)	fice bldg., INJURY OCCU	J R?	
EDIC	21 D. TIME	(Manth) (Day) (Year)	(Haur) 2	E INJURY OCCURRED	21F. HOW DIE	D INJURY OCCUR?	
×	(APPROX.)			While At Not While Nork Nork	e 🗌		
	22. L certify	that (1) (this hospital) attended	the deceased from	1-	1964to 1	- 3 1066
	·	last saw the decease		1	19 66 ar		
							apinian death accurred an the date
			ed abave.	(I) (We) (did) (did nat) v	iew the bady after de	ath.	
	234 SIGNATU	IRE 1 2	IN D	1			23B. DATE SIGNED
	NN	that 1	lit	M.D. After	ending Med. Birector	Staff Phys.	
	23 C. PHYSICIA	N'S	7	v	23D. ADDRESS	2-1 11	710
	The state of	yper C	-	1 6 6 TTM.D.	4509 9	forly ble	· he this
244	1. 1. 0	25/1/	1016	4 M D 0 1 1	100/	0004/40	
24 A	REMOVAL	MATION, 248. DATE	24C.	NAME of CEMETERY of CRE	MATORY 24	4D. LOCATION	(Sty, town, or county) (State)
	Burial	Jan.5,19	966	Lorraine Park	Cemeterv	Baltimore	Maryland
25A				OF REGISTRAR	25C. FUNERAL DIRE		ADDRESS

Cook-Brooks, Inc. 1217 St. Paul St.

Heren Carl Felin ... 3- -1 -1 EN These of REFERE Thomas & About 450 it The

VS 150-REV. 1/1/65



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Deceased the

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death.

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and of death

hospital

66 00084	66	00084	
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BIRTH NO.

M.E. CASE NO. (Type or Print)

FULL NAME OF

HOSPITAL OR

INSTITUTION

5. SEX

NO

CERTIFICATION

MALE

13. FATHER'S NAME

3. PLACE OF DEATH IN BALTIMORE

6. RACE

BALTIMORE CITY HEALTH DEPARTMENT

Registered	Na.	0	0	0	0	0	0	
Registered		5	0	U	U		8	4

CERTII	FICATE OF DEATH REGISTERED ING. 68 10084
	2. DATE AND HOUR OF DEATH
CHARLES EDWARDS	JANURAY 1, 1966 4 4 4 5 A M
BALTIMORE, MARYLAND (If not in hospital or institution, give street	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B, COUNTY MARYLAND
oddress or location)	C. CITY OR TOWN (If outside city limits, write RURAL and give fownship) BALTIMORE

2020 BREITWERT AVENUE 21230

D. STREET ADDRESS (If rurol, give location)

2020 BREITWERT AVENUE

21230 If Under 1 Yr. Months: Doys 9. AGE (In years If Under 24 Hrs. Hours : Min. Hours lost birthdoy)

2020

WIDOWED, DIVORCED (specify) WHITE MARRTED JUNE 6, 1894 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) done during most of working life, even if retired)

IRON WORKER

. MARRIED, NEVER MARRIED

RETIRED

MRS

WHAT COUNTRY? CANA DA **CANADA**

EDWARDS

71

UNKNOWN

14. MOTHER'S MAIDEN NAME UNKNOWN

ADDRESS

2. CITIZEN OF

15. Was Deceased Ever in U. S. Armed Forces (Yes, no or unknown) (If yes, give wor or dotes of service)

6. SOCIAL SECURITY NO. 212-07**-**7981 17. INFORMANT

B. DATE OF BIRTH

BREITWERT INTERVAL BETWEEN

ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heort foilure, osthenio, etc. It meons the diseose, injury or complication which coused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving

rise to the obove couse (A) stoting the

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED

208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20 A. AUTOPSY? (Yes or No)

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner

218. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? etc.

21 F. HOW DID INJURY OCCUR?

MEDI (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)

UNDERLYING CONDITION Iosi.

21 E. INJURY OCCURRED While At Work

Not While At Work

22. I certify that (I) (this haspital) attended the deceased from 2 that (1) (we) lost saw the deceased alive on.

ond that in(my) (con) opinion death occurred an the date

(If in Boltimore City, give exact location)

and hour and from the couses stated above. (1) (No) (did not) view the body after death.

23A MINATUR 23C. PHYSICIAN'S NAME (Type)

Attending Phys. 23D. ADDRESS

Med. Stoff Director Phys. 23B. DATE SIGNED

ARTHUR 24A. BURIAL CREMATION, 248. DATE

ROSSBERG M.D. 24C. NAME of CEMETERY OF CREMATORY 2436 WASHINGTON BOULEVARD

24D. LOCATION

(City, town, or county) (Stole)

REMOVAL (Specify) BURIAL

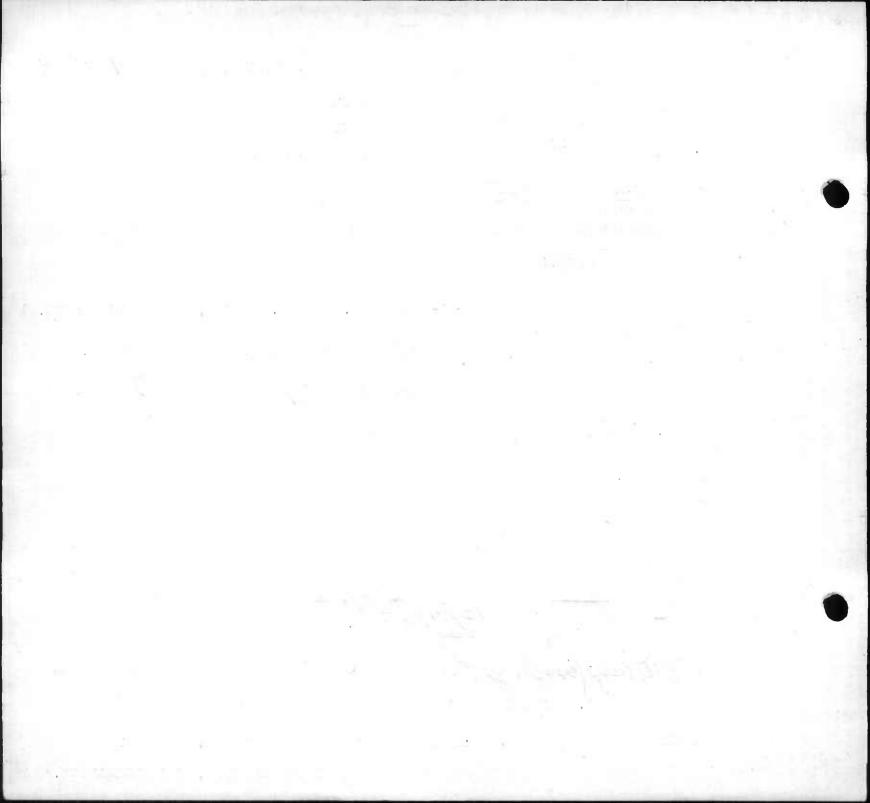
1/4/66 LORRAINE PARK CEMETERY 258. NAME OF REGISTRAR 25A, DATE REC'D BY HEALTH DEPT.

BALTIMORE 25C. FUNERAL DIRECTOR

MARYLAND ADDRESS

VS 150-REV. 1/1/65

HUBBARD FUNERAL HOME, 4107 WILKENS AVE. # 29



the body

of death Deceased

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Such

death.

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prior

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attend

BALTIMORE CITY HEALTH DEPARTMENT 66 00085 CERTIFICATE OF DEATH Registered Na. BIRTH NO. M.E. CASE NO. I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) ESTHER E. REIN J**X**NUARY 1, 1966 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) B. COUNTY A. STATE MARYLAND FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) (If outside city limits, write RURAL and give township) C. CITY OR TOWN INSTITUTION BALTIMORE SILVER CROSS HOME D. STREET ADDRESS (If rural, give location) 5124 GREENWICH AVENUE 21229 5124 GREENWICH AVENUE 21229 B. DATE OF BIRTH 9. AGE (In years 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED If Under 1 Yr. If Under 24 Hrs. WIDOWED, DIVORCED (specify) lost birthdoy Hours FEMALE WHITE MARRIED 8/7/1893 tOA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF done during most of working life, even if retired) WHAT COUNTRY? HOUSEWIFE SMITHVILLE, CALVERT CO. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOHN THOMAS DORSEY LILLY CATHERINE HERBERT 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT 6. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. NO 215-0**9-**9849B MR. CHRISTOPHER C. REIN, 5124 GREENWICH AVE. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Cerebral Thrombosis, left 3 wks (This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death,) Arteriosclerosis, generalized. unknown ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION lost, CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, CONDITION FOR WHICH OPERATION 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 20A, AUTOPSY? (Yes or No) WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) OR CONTRIBUTING _ CAUSE OF DEATH (notily medical examiner) etc.) MEDI 21 D. TIME (Month) (Doy) (Year) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) At Work Work 22. I certify that (I) (ABCANGEDINGLED Intended the deceased from Jane 19 65 to Jan. that (1) (WEX lost saw the deceased alive an Dec. 28 19.65 and that in (my) (NOX) apinian death accurred an the date and haur and from the causes stated above. (1) (all (did not) view the bady after death. 23A. SIGNATURE 23 B. DATE SIGNED Attending 1/3/66 M.D. Med. Stoff Phys. Director ___ Phys. 23 C. PHYSICIAN'S NAME, (Type) 23D. ADDRESS LEO KKM J. GAVER 1 MALLOW HILL ROAD 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) decease

LORRAINE PARK CEMETERY

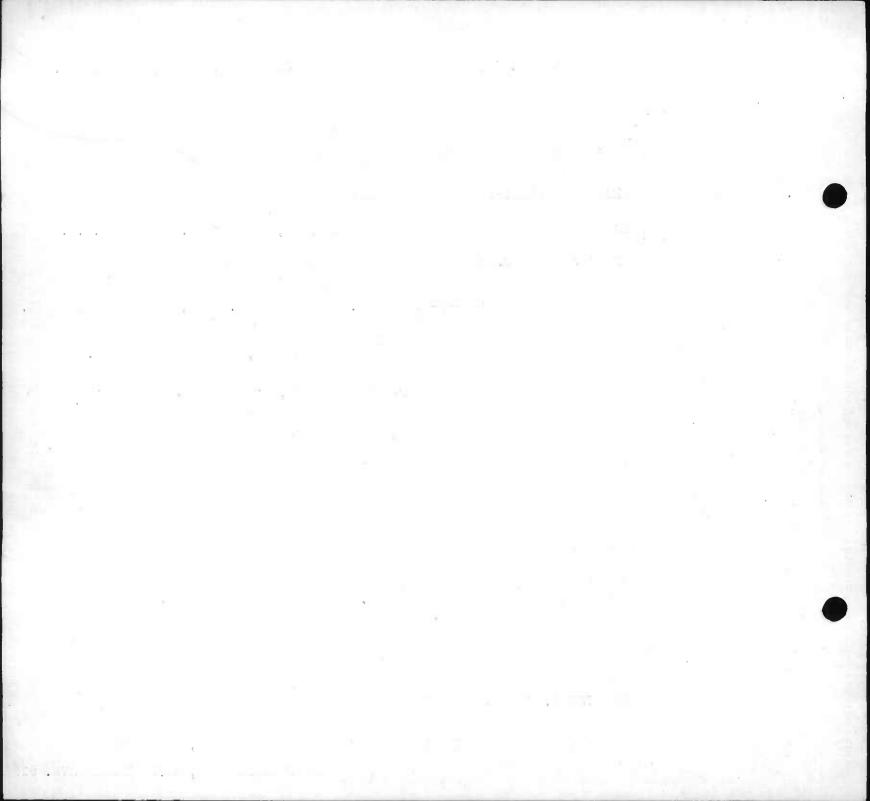
BALTIMORE

HUBBARD RUNERAL HOME, \$107 WILKENS AVE. #29

25G. FUNERAL DIRECTOR

VS 150-REV. 1/1/65

BURIAL 1/4/66
25A. DATE REC'D BY HEALTH DEPT.



BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

the body was released deceased 0.0 shows: 1/6/66 LORRAINE PARK CEMETERY 258 NAME OF REGISTRAR SD 25A, DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR 1966 3 VS 150-REV. 1/1/65

66 00086

BRIEN, HARRY

01

BIRTH NO.

M.E. CASE NO. I, NAME OF DECEASED

(Type or Print)

Such

uo

Registered No

2. DATE AND HOUR OF DEATH

66

2

9:44

If Under 24 Hrs.

Hours

U.S.A.

ADDRESS

INTERVAL BETWEEN

ONSET AND DEATH

(Stote)

66

MARYLAND ADDRESS

FUNERAL HOME, 4107 WILKENS AVE, #29

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DELL'S YES

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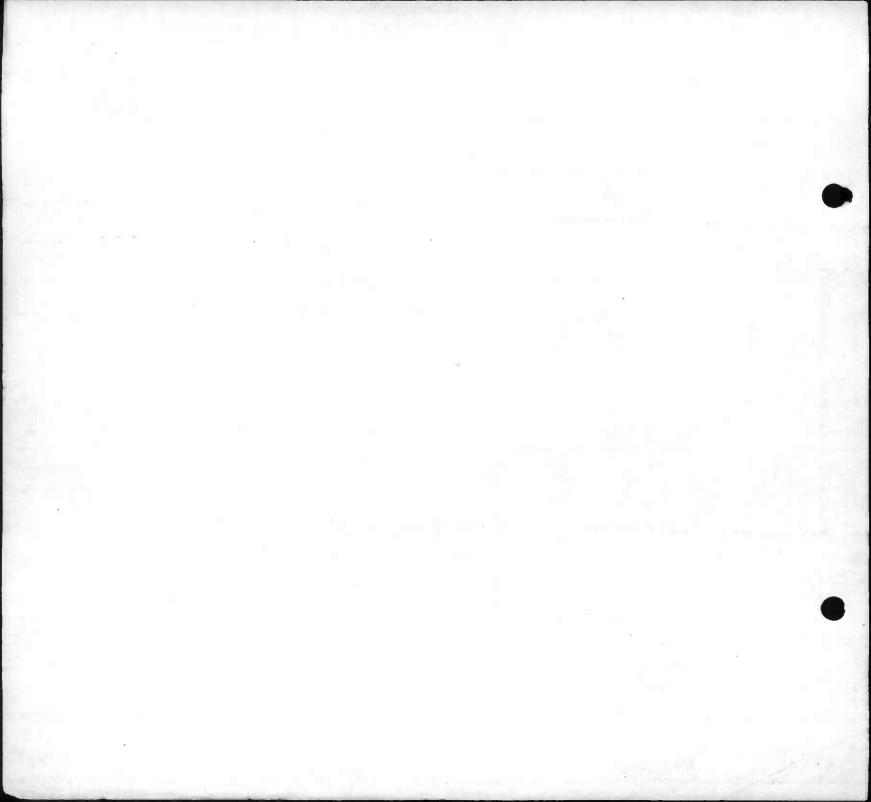
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B	-	6	9	0

Type or Print)		OHN	2. DATE AND	HOUR PRONOUNCE	D DEAD
CP	RISTOPHER	BORK	1-2-66		8:40 P.
PLACE IN BALTIMORE, MARYLAN			4. USUAL RESIDENCE (Where do		
JLL NAME OF (IF NOT IN HE ADDRESS OR	OSPITAL OR INSTITU LOCATION)	JTION, GIVE STREET	Maryland c, city or fown (If autside	corparate limits, write	RURAL and give tawnship)
STITUTION					52-00
SINAI HOSPI	TAL - DOA		D. STREET ADDRESS (If rurel, g	ive location)	0000
7				(Pa	ltimore County)
SEX 6. RACE	7. MARRIED.	NEVER MARRIED	B. DATE OF BIRTH	WASTING .	II Under 1 Yr. II Under 24 H
Male White	WIDOWED,	DIVORCED(specify)		9. AGE (In years last birthday)	Manths Days Hours Min
A. USUAL OCCUPATION (Give kind of		married	Dec. 28, 1965		4
ne during most all working life, even if re		- BOZINEZZ OK INDOZIK			12. CITIZEN OF WHAT COUNTRY?
none			Baltimore, Maryl	and	U.S.A.
FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
Ronald L. Bork			Leah Schill		
. WAS DECEASED EVER IN U.S. A		16. SO CIAL SECURITY, NO.	17. INFORMANT		Randallstown
no	doles of selvices	none	Mr. Ronald L. Bo	rk 3714 Co	llier Rd.
IIR.			OF DEATH	>	INTERVAL BETWEEN
754,51		CAUSE	OF DEATH		ONSET AND DEAT
DISEASE OR CONDITIO	N DIRECTLY				
LEADING TO D	EATH	(A) Cor	ngenital heart dis	ease	
(This daes not mean the man heart lailure, asthenia, etc. It	de al dying, e.g.,	DUE TO	- Carrier and a second		***************************************
injury or complication which co	used death.l				
ANTECENDENT C	Allere				
DISEASES OR CONDITIONS		(B)	•••••		
RISE TO THE ABOVE CAUSE	(A) STATING THE	DOE 10			
UNDERLYING CONDITION L	ASI.	(C)			
OTHER SIGNIFICANT CONDITION OF THE DEATH BUT NO DISEASE OR CONDITION CAL					
OTHER SIGNIFICANT CONDIT	IONS CONTRIBUTION	NG			
TO THE DEATH BUT NO	T RELATED TO T				
DISEASE OR CONDITION CAL		WHICH OPERATION	20A. AUTOPSY? (Yes at No.) 2	OR IE VES WEDE EIN	NDINGS CONSIDERED
I I 7A. DAIL OF OFERANON 117B.	SPERFORMED	WHICH OFERATION		CERTIFYING CAUS	
			Yes	Yes	
2 WA	la a a				
21A, EXTERNAL CAUSE WAS	home	PLACE OF INJURY (e.g., form, factory, street,		in Baltimare City, gi	ve exact lacation)
21A, EXTERNAL CAUSE WAS	21 B. hame etc.)	PLACE OF INJURY (e.g., , form, factory, street,	in ar about 21C. WHERE DID (If	in Baltimare City, gi	ve exact lacation)
21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	hame etc.)	PLACE OF INJURY (e.g., farm, factory, street,	in ar about 21C. WHERE DID (If		ve exact lacation)
21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21D TIME (Month) (Doy) OF INJURY	(Year) (Haur) 2	, fam, factory, street,	in or about 21C, WHERE DID (If allice bidg., NJURY OCCUR?		ve exact lacation)
21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21D TIME (Month) (Day) OF INJURY (APPROX.)	(Year) (Haur) 2	, fam, factory, street,	in ar about 21C. WHERE DID (If allice bidg., INJURY OCCUR?		ve exact lacation)
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21D TIME (Month) (Doy) OF INJURY (APPROX.) 22.	(Year) (Haur) 2	TE. INJURY OCCURRED WHILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	in or about 21C. WHERE DID (If alfice bidg., INJURY OCCUR? 21F. HOW DID INJURY ORK	Y OCCUR?	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21D TIME (Month) (Day) OF INJURY (APPROX.) 22. I certify that I held a	(Year) (Haur) 2 m. V	, fam, factory, street, TE. INJURY OCCURRED WHILE AT NOT VORK AT W Inspection AU	in ar about 21 C, WHERE DID (If alice bidg., INJURY OCCUR? 21 F, HOW DID INJURY ORK WHILE VORK tapsy X and that an this	Y OCCUR?	ny apinian
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21D TIME (Month) (Doy) OF INJURY (APPROX.)	(Year) (Haur) 2 m. V	, fam, factory, street, TE. INJURY OCCURRED WHILE AT NOT VORK AT W Inspection AU	in ar about 21 C, WHERE DID (If office bldg., INJURY OCCUR? 21 F, HOW DID INJURY ORK WHILE Tapsy X and that an this le Hamicide Ur	y OCCUR? basis, death in m	ny apinian
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. 21D TIME (Month) (Day) OF INJURY (APPROX.) 22, I certify that I held at resulted fram: Nature	(Year) (Haur) 2 m. V	, fam, factory, street, TE. INJURY OCCURRED WHILE AT NOT VORK AT W Inspection AU	in ar about 21 C, WHERE DID (If alice bidg., INJURY OCCUR? 21 F, HOW DID INJURY ORK WHILE VORK tapsy X and that an this	y OCCUR? basis, death in m	ny apinlan ar 🗌
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21D TIME (Month) (Day) OF INJURY (APPROX.) 22. I certify that I held a resulted fram: Natura	(Year) (Haur) 2 m. V	VHILE AT NOT NORK Inspection Suicident Suicident	in ar about 21C, WHERE DID (If allowed bldgs, INJURY OCCUR? 21F. HOW DID INJURY ORK tapsy X and that an this Hamicide Ur CHIEF MEDICAL EXA	y OCCUR? basis, death in mandetermined manner MINER X	ny apinian
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21D TIME (Month) (Day) OF INJURY (APPROX.) 22. I certify that I held a resulted fram: Natura	(Year) (Haur) 2 m. V	VHILE AT NOT NORK Inspection Suicident Suicident	in ar about 21C, WHERE DID (If alice bidg., NJURY OCCUR? 21F, HOW DID INJURY ORK tapsy X and that an this Hamicide Ur CHIEF MEDICAL EXA	y OCCUR? basis, death in mandetermined mannet. MINER X MINER	ny apinian er 🗌 DATE SIGNED
21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21D TIME (Month) (Doy) (APPROX.) 22, I certify that I held a resulted fram: Natura ACTUAL SIGNATURE EXAMINER'S	(Yeer) (Haur) 2 m. V n Inquiry al causes X	TE. INJURY OCCURRED WHILE AT NOT NOT NORK Inspection Au Accident Suicid	in ar about 21C, WHERE DID (If allowed bldgs, INJURY OCCUR? 21F. HOW DID INJURY ORK tapsy X and that an this Hamicide Ur CHIEF MEDICAL EXA	y OCCUR? basis, death in mandetermined mannet. MINER X MINER	ny apinlan ar 🗌
21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21D TIME (Month) (Day) OF INJURY (APPROX.) 22, I certify that I held a resulted fram: Nature ACTUAL SIGNATURE EXAMINER'S NAME (Type) RUSSE	n Inquiry al causes A	TE. INJURY OCCURRED WHILE AT NOT NOT NORK Inspection Au Accident Suicid	in ar about 21C, WHERE DID (If allice bidg., INJURY OCCUR? 21F, HOW DID INJURY ORK tapsy X and that an this Hamicide Ur CHIEF MEDICAL EXA ASSOCIATE MEDICAL EXA	basis, death in mandetermined manner. MINER X MINER AMINER	ny apinian or □ DATE SIGNED 1-3-66
21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21D TIME (Month) (Doy) (APPROX.) 22, I certify that I held a resulted fram: Natura ACTUAL SIGNATURE EXAMINER'S NAME (Type) RUSSE A, BURIAL CREMATION, 238, DA	n Inquiry al causes A	Inspection Suicident M.D. MER, M.D.	in ar about 21C, WHERE DID (If allice bidg., NJURY OCCUR? 21F, HOW DID INJURY ORK tapsy X and that an this tapsy X and that an this CHIEF MEDICAL EXA ASSISTANT MEDICAL EXA ASSOCIATE MEDICAL EXA	basis, death in mandetermined manner. MINER X MINER AMINER	ny apinian er DATE SIGNED 1-3-66
21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21D TIME (Month) (Doy) OF INJURY (APPROX.) 22, I certify that I held a resulted fram: Natura ACTUAL SIGNATURE EXAMINER'S NAME (Type) RUSSE A. BURIAL CREMATION, 238, DA	n Inquiry al causes A	Inspection Suicident M.D. MER, M.D.	in ar about 21C, WHERE DID (If allice bidg., INJURY OCCUR? 21F, HOW DID INJURY ORK tapsy X and that an this Hamicide Ur CHIEF MEDICAL EXA ASSOCIATE MEDICAL EXA	basis, death in mandetermined manner. MINER X MINER AMINER	ny apinian or □ DATE SIGNED 1-3-66
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21D TIME (Month) (Day) OF INJURY (APPROX.) 22. I certify that I held a resulted fram: Nature ACTUAL SIGNATURE EXAMINER'S NAME (Type) RUSSE A, BURIAL CREMATION, MOVAL (Specify) Decree A	n Inquiry al causes X A	Inspection Suicident M.D. MER, M.D.	in ar about 21C, WHERE DID (If allice bidg., INJURY OCCUR? 21F, HOW DID INJURY ORK tapsy X and that an this Hamicide Ur CHIEF MEDICAL EXA ASSOCIATE MEDICAL EXA	basis, death in mandetermined manner. MINER X MINER AMINER	ny apinian or □ DATE SIGNED 1-3-66
21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21D TIME (Month) (Doy) OF INJURY (APPROX.) 22, I certify that I held a resulted fram: Nature ACTUAL SIGNATURE EXAMINER'S NAME (Type) RUSSE	n Inquiry al causes X A	Inspection Au Accident Suicid M.D. C. NAME of CEMETERY Druid	in or about 21C, WHERE DID (If office bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? Tapsy X and that an this tapsy X and that an this Hamicide Uran CHIEF MEDICAL EXAL ASSISTANT MEDICAL EXAL ASSOCIATE MEDICAL EXAL ASSOCIA	basis, death in mandetermined manner. MINER X MINER AMINER	py apinion or DATE SIGNED 1-3-66

200. 20. 255 The design of the later the figure of the thought the party of the continue to the con BALTIMORE CITY HEALTH DEPARTMENT

ICATE OF DEATH	Registered No. 66 0001
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BIRTH NO.	66 0	0000	CERTIFICA	TE OF DEATH	Registered No.	66 00089
M.E. CASE NO.	1913	0000		2. DATE	AND HOUR OF DEATH	0100
(Type or Print)	Mary Ame	lia Fra	nke		-3-1966	10 Agni M.
3. PLACE OF D	DEATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (Where deceased lived If	nstitution: residence before odmission)
FULL NAME		or institution,	give street	Md	9	6-01
INSTITUTION	HOSPITAL OR oddress or location) INSTITUTION				f outside city limits, write	RURAL and give (dwnship)
17	4602 Glen	ann Arra	7000	Baltimore D. STREET ADDRESS	(If rurol, give location)	
0	4002 aren	arm Ave	nue o			
5, SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	m Aveneu 2120 9. AGE (In years	If Under 1 Yr. II Under 24 Hrs.
Female	White		o, divorced (specify)	2-22-1914	lost birthdoy	Months Doys Hours Min.
IOA. USUAL OC	CUPATION (Give kind of work			11. BIRTHPLACE (Stote or	foreign country)	12. CITIZEN OF
	of working life, even if retired) ewife	1/1-0		50 00 11		WHAT COUNTRY?
13. FATHER'S NA		McCor	mick Co.	Baltimore.	NAME	U.S.A.
	Conrad O	romet de				
15. Was Decease	ed Ever in U. S. Anned For	cas?	1 6. SOCIAL	17. INFORMANT	Charlotte	Lane
(Yes, no or unknov	wn) (If yes, give wor or dote	s of service)	SECURITY NO.		T3	
No	1 / 1/1		216-10-7327	Mr rederick	Franke 4602	
007	ASE OF CONDITION DIR	ECTI V	CAUSE	OF DEATH	p 1 -1	ONSET AND DEATH
0.027	LEADING TO DEATH	LCILI	(A)	on the color	hoan leases	1/2 km-
	nol mean the mode of e, osthenia, etc. It meons		DUE TO			1
	omplication which coused			0 1-1-1)	12.41	1/241-
	ANTECEDENT CAUSES (B)			1stonely 106	MANUMO	
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the				1.00.10.	6 NASC
	NG CONDITION tost.	(C)	1920 Lax L	AN DOLLANDA	J 10111100	
	П					
	NIFICANT CONDITIONS C					
DISEASE OF	R CONDITION CAUSING I	Τ.	WHICH OPERATION	120A AUTORSY2 (Ves o	Noll 200 IE VEC MERE	EINDINGS CONSIDERED
TIE	WAS PERF		WHICH OFERATION	ZUAL AUTOPST: (Tes 0	No) 20B. IF YES, WERE IN CERTIFYING CA	USES OF DEATH?
U 21A. ACCID	BUTING CAUSE OF	21B	PLACE OF INJURY (e.g., i	n or about 21C. WHERE DI	D (If in Soltimor	e City, give exact location)
▼ DEATH (noti	ify medical examiner	hom etc.		ffice bldg., INJURY OCCUR	1?	
21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
OF INJURY		Wh	ile AI Not Whil		1.	
22 1 cortif	fy that (1) (this hospital			10M 23	1035	13 166
	e) lost sow the decease		/ ~ 3	219 66 000	19 20 10	1900
			// (Me) (1:1/ \T:1/			inion death occurred on the dote
23A. SIGNAT	nd from the couses stat	A COOVE. ((did) (diamet)	riew the body offer deo	th.	23B, DATE SIGNED
1/1/	a. X = 60	1 2	M.D. AH	ending Med.	Stoff -	1-16
23C. PHYSICI	IAN'S	X	Phy	23D. ADDRESS	Phys.	1.4.00
NAME		CEELD	MD M.D.	Suny A.C.	D. Q.A.S.	V 21250 [-
24A. BURIAL CR	REMATION, 248, DATE	00,	AME of CEMETERY OF CR	EMATORY DOLLAR	LOCATION (C	ity, town, or county) (State)
REMOVAL	(Specily)				100000000000000000000000000000000000000	
Buria 25A. DATE REC'	L 1-6-66 D BY HEALTH DEPT.	25B NAME C	Itimore Cemet	ery P	altimore TOP	Md.
JAN	6 1966 R. Cab	E, ta	# 2 . ma 10	P 0	1. 174	ADDRESS (36)
VS 150-REV. 1/1	1/65	9	5 6 0 0	dassalu	Junear Hom	1701 Belan Road
		9 4	(4.4)	741 741	ALC:	

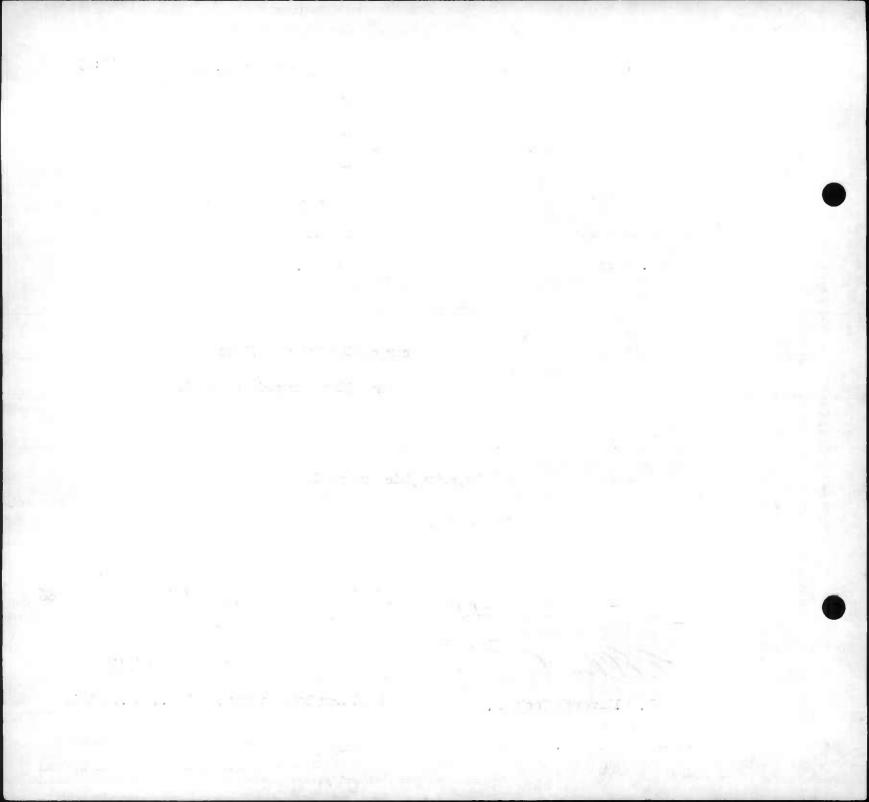


the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased 🤇 was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and IMPORTANT FUNERAL DIRECTOR:

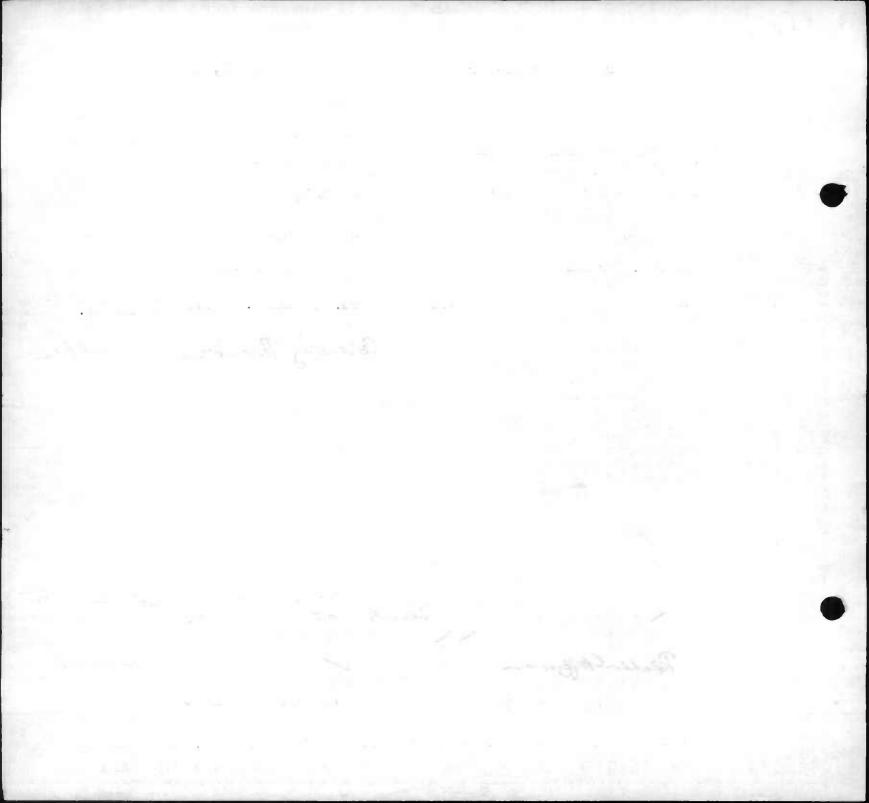
				-
BALTIMORE	CITY	HEALTH	DEPARTMENT	

Registered	66	0009	(

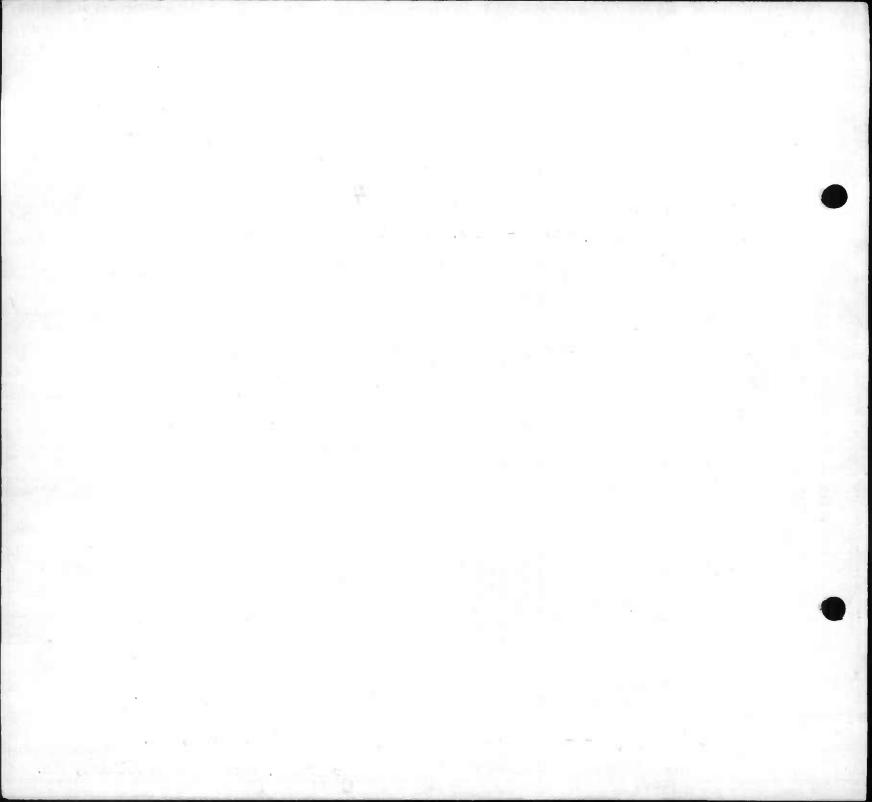
	TH NO.	66 000	190	CERTIFICA			Registered No.	6 00090
1.1	E CASE NO.	EASED				2. DATE A	ND HOUR OF DEATH	
(Ty	pe or Print)	John Lynwoo	d Swem			Janu	ary 3, 1966	11:25 A M
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission A. STATE B. COUNTY Maryl and C. CITY OR TOWN (If outside city limits, write RURAL and give township)				
1)	Fayet	te Nursing Ho	me		Baltimo D. STREET ADD 4510 Sc	PRESS (If	rurol, give locotion)	
5. 5	male	6. RACE	7. MARRIED, NE WIDOWED, D Never	IVORCED (specify)	June 4.	тн	9. AGE (In years lost birthdoy)	If Under 1 Tr. If Under 24 Hrs. Months Days Hours Min.
don	e during most of	UPATION (Give kind of work working life, even if retired)	10B. KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE	(State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
-		Decorator			Maryla n			USA
13.	FATHER'S NA				14. MOTHER'S	MAIDEN NA	ME	
	John G	• Swem			Mary	E. San	ds	
(Te	Was Deceased s, no or unknown	Ever in U. S. Armed Ford (If yes, give wor or dote	s of service)	SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS
-	18. 44 5	0.01		CAUSE O	F DEATH			INTERVAL BETWEEN
	(This does i	SE OR CONDITION DIR LEADING TO DEATH	dying, e.g.,	(A) CONS	gestive h	eart fa	ailure	ONSET AND DEATH
	heart foilure, asthenio, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B) generalized arteriosclerosis							
	DISEASES (DR CONDITIONS, if e above couse (A) G CONDITION lost.		OUE TO		**************************************	•••••••••••••••••••••••••••••••••••••••	
ATION	TO THE D	II IFICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING I	TED TO THE 1.	ypertrophic	arthriti	S	ð	
ERTIFIC	19A. DATE OF	WAS PERF	DITION FOR WHI	CH OPERATION	20A. AUTOPS	Y? (Yes or N	O) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
CAL CE	21A. ACCIDE OR CONTRIBU DEATH (notify	NT WAS UNDERLYING UTING CAUSE OF medicol examiner)	218. PL, home, etc.)	ACE OF INJURY (e.g., i form, foctory, street, o	n or obout 21 C. W ffice bldg., INJUR	HERE DID	(If in Boltimore	e City, give exoct locotion)
5	21 D. TIME	(Month) (Doy) (Teoi)	(Hour) 21E, IN	JURT OCCURRED	21 F. H	OW DID IN	JURT OCCUR?	
ME	(APPROX.)		While Work	At Work	е			
	22. I certify	that (!) (this hospital) ottended the	deceosed from 3	/16/		19 51 to 1/3/	1966
	that (1) (we)	lost sow the decease	d olive on 1/	2/	19 66			nion death occurred on the date
		d from the couses stat					_	
	23A. SIGNATU		11	201				238. DATE SIGNED
	~	Ellswoy	4 (00	Phy	s, 25	Aed. Director	Staff Phys.	1/4/66
	NAME (T	ype)			23D. ADDRESS	land A-	renue Palta	ME 21212
244	BURIAL CRE			E of CEMETERY of CR				ity, town, or county) (Stote)
254	Burial	BT HEALTH DEPT.	66 Carro	Chapel Co		AL DIRECTO	R - 2 7	nty Maryland
Ve	JAN 150-REV. 1/1/	6 1966 Rober	BE, tal	Kuru (Byr	gee Fu	peral Home	3631 Falls Road
4.2	130-KE V. 1/1/	,			1 1 040	use il	wayer,	T-U



		00.0	0091	BALTIMORE CIT			D 1	00 00004
	H NO, . CASE NO.	00 0	0001	CERTIFICA	ATE OF I			66 00091
1. N	AME OF DEC						HOUR OF DEAT	
2. P	LACE OF DE	Mary Vena	Mc Aliste	er	114 USUAL RE	Janua:	ry 2, 1966	institution: residence before admission
F	ULL NAME C		or institution, g		Maryla	and	Y	13-08
ii /	NSTITUTION				Baltin	nore	rol, give location)	e RURAL ond give township)
7	Un	ion Memorial	Hospital	L	11	Keystone		
s. s	ex 'emale	6. RACE White	7. MARRIED, WIDOWED	NEVER MARRIED DIVORCED (specify)	8. DATE OF B		AGE (In years est birthdoy)	Months Doys Hours Min,
		UPATION (Give kind of working life, even if retired)	108. KIND OF	BUSINESS OR INDUSTR	11. BIRTHPLA	CE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
2011	Housew				Pennsy	ylvania		USA
13,	FATHER'S NA				14, MOTHER	S MAIDEN NAM	E	
	Lyman	G. Terrill		•		Sarah Pri	ingle	
15.	Wos Deceased	Ever in U. S. Armed Fo	rces?	1 6. SOCIAL	17. INFORMA			ADDRESS
Tes	no or unknown	(If yes, give wor or dot	es of service)	none	Mrs. 1	Francis L	. Barett	717 Grant Street Franklin Pa.
	18.42	0.11		CAUSE	OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
	DISEA	SE OR CONDITION D			Can-	-	,	- 11
	(This does i	LEADING TO DEATH		(A) DUE TO	Colona	vey The	ombosis	Budde
	heart failure,	nol mean the mode o asthenia, etc. It meon	s the disease,	DUE TO		0		
		nplication which cause		2				
		ANTECEDENT CAUSE	S	DUE TO			***********	
		OR CONDITIONS, if						
		e obove couse (A) G CONDITION last.	slating the	(C)				
Z	OTHER SIGN	IFICANT CONDITIONS	CONTRIBUTING	•		-4		
ATIO	TO THE D	CONDITION CAUSING	ATED TO THE					
ERTIFIC	19A. DATE OF	F OPERATION 198. CO	NDITION FOR W	VHICH OPERATION	20A. AUTO	OPSY? (Yes or No)	IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
0	21 A. ACCIDE OR CONTRIBI DEATH (notify	NT WAS UNDERLYING UTING CAUSE OF medical examiner	21 B. home	PLACE OF INJURY (e.g., e, form, foctory, street,	in or about 21 C office bldg., INJ	. WHERE DID URY OCCUR?	(If in Boltim	note City, give exact facation)
EDIC	21 D. TIME OF INJURY	(Month) (Doy) (Yeor	(Hour) 21E.	INJURY OCCURRED	21 F.	HOW DID INJU	RY OCCUR?	
×	(APPROX.)		Whi	le Al D Noi Wh	ile 🗌			
	22. 1 cartifu	that (1) (this hospite				1.18	65 10	Jess. 2 19 60
) lost sow the deceas		200				ppinion deoth occurred on the d
							()/ (04)/ 0	ppon doorn decorred on the c
		d from the couses st	ored obove. (I	(me (ava) (aid not)	view the body	y offer deoth.		23 B. DATE SIGNED
	23A. SIGNATI	· Can		M.D. A	Hending 7	Med.	Stoff	1-4-66
	Ke.	0	100	P	ys.	Director	hys.	7-7-06
	NAME (ANS Type)			23D. ADDRESS			
		Reuben Hot	fman	M.C	846	West 36t	h Street	
24/	REMOVAL	MATION, 248 DATE		ME of CEMETERY of C	REMATORY	24D, LO	CATION	(City, town, or county) (State
	Burial	5 Jan	66 Dm	nid Ridge Co	matame	/ Dal	timora o	annte Man I
		BY HEALTH DEPT.	25B. NAME O	uid Ridge Ce		ERAL DIRECTOR	timore, C	Sounty Maryland
	1001		8 2. Fa		and the same of th	gee Funer	11 / /	3631 Falls Road
/5	150-REV. 1/1/		7 - 10		0 6/1	11/19 0	AN HARO	101 111
A 2	120-ME A. 11/1/	V 4	1 7 1	1 14 14 1	AY/	2011/11/ 31	10000	00 11 0

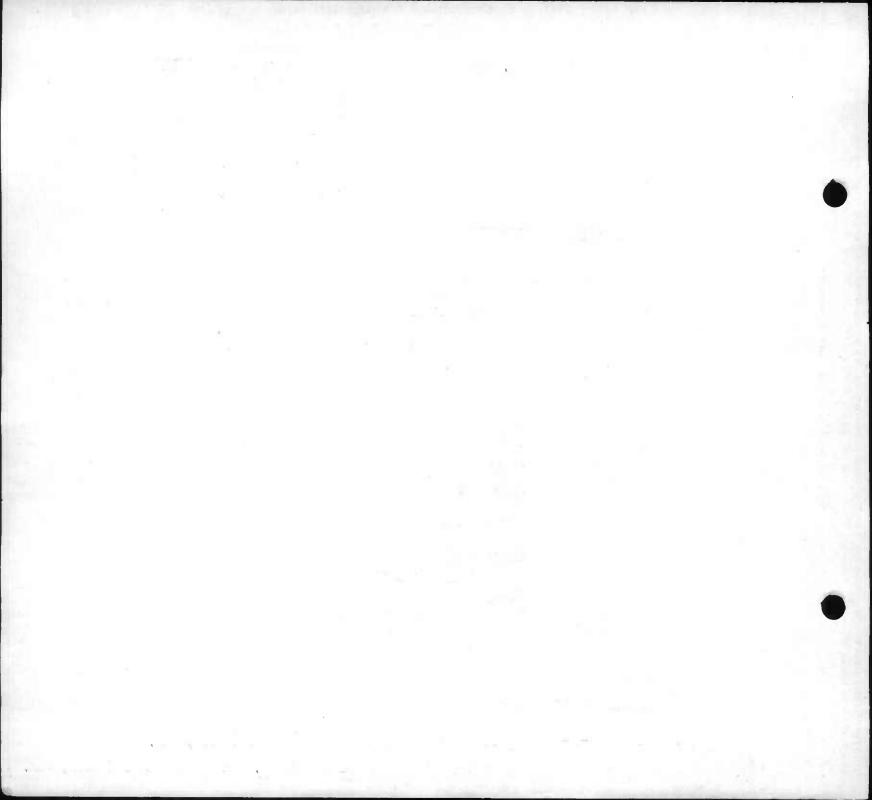


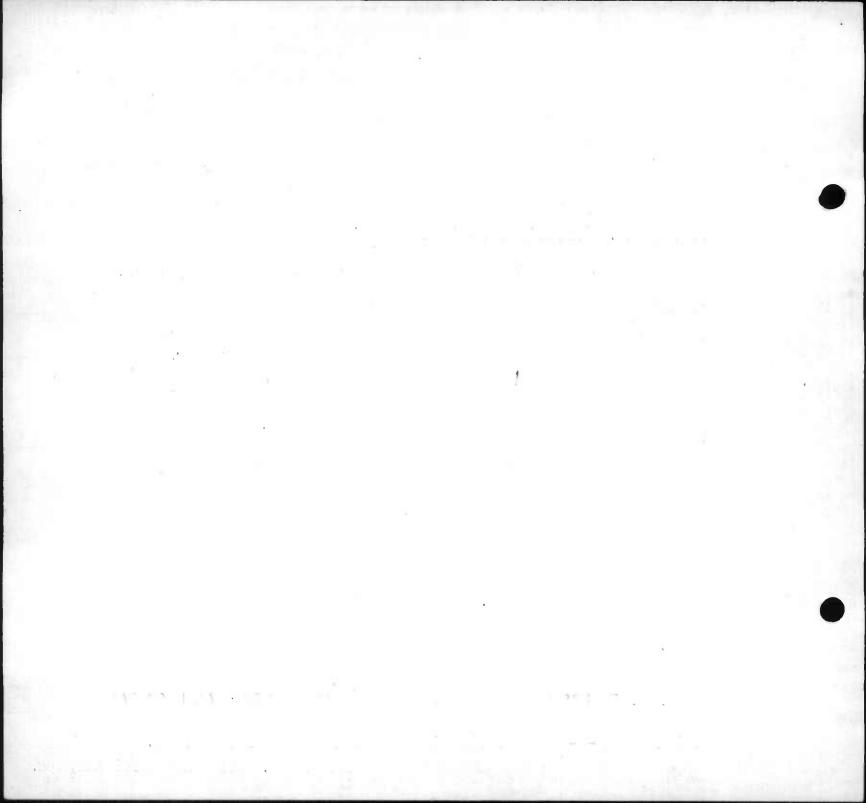
	66 00092	BALTIMORE CITY	HEALTH DEPARTMENT	61	6 00092
1	IH NO.	CERTIFICA	TE OF DEATH	Registered No.	0 0000~
	E CASE NO.			D HOUR OF DEATH	
(Ту	pe or Print) Robert A.	Mills	JA	N 4, 196	6 556 PM
3. 1	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUN	e deceased lived. If ins TY	titution; residence before admission
1	FULL NAME OF (If not in hospital or instituted and in hospital or instituted and	ion, give street	C. CITY OR TOWN (If outs	side city limits, write RI	URAL ond give township)
1	MARYLAND GENERAL	Hospital	Big 1+0	21209	27-15
(Balto Md.		1207 W. 1	Northern	Pkwy
5. 5	SEX 6. RACE 7. MAR WIDE	RIED, NEVER MARRIED	8. DATE OF BIRTH	ost birthday)	If Under 1 Tr. If Under 24 Hrs. Months Doys Hours Min.
IDA	USUAL OCCUPATION (Give kind of work 108, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	on country)	12. CITIZEN OF
don	e during most of working life, even if retired)	Balto. Transi	+ MARULAN	id	WHAT COUNTRY?
13.	FATHERS NAME	20000 1100000	14. MOTHERS MAIDEN NAM	AE	1 11
	John Mills		MARIN	Soliaxxx S	clacum
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknown)(If yes, give wor or dotes of serv	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No	?	Chart- U	life (MAR	GARET)
	18. 422,27 571.1	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A) F	18m mary 6	ademo	
	(This does not mean the made of dying, heart failure, asthenia, etc. 11 means the dise	e.g., DUE TO			
	ANTECEDENT CAUSES	(B) / nc	mary myo	Cardist	
		DUE TO ving	T	Claedre	
	rise to the above cause (A) stating UNDERLYING CONDITION tost.	The (C)	ce neer ecis	Contract of the	
	11		Car Car to		
TION	OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO				
CA	DISEASE OR CONDITION CAUSING IT.	OR WHICH OPERATION	20 A. AUTOPSY? (Yos or No)	208. IF YES. WERE FI	NDINGS CONSIDERED
CERTIFICATION	WAS PERFORMED		YES	IN CERTIFYING CAU	SES OF DEATH?
CAL CI	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21C. WHERE DID fice bidg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
ED	21 D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
Z	(APPROX.)	While At Not While Work At Work	e		103
9	22. I certify that HT (this hospital) attend	ed the deceased from	12/3/	965 to	1/4 1966
	that (1) (we) lost saw the deceased alive	on	19 CC and the	of in (my) (our) opin	ion death occurred on the dat
	and from the causes stated above	re. (1) (We) (did) (did not) v	iew the body ofter deoth.		
	23 A. SIGNATURE				238, DATE SIGNED
1	Smald / Lew	Phy	s. Director	Stoff Phy s.	1/4/64
	23C. PHYSICIAN'S NAME (Type)	~ M.D.	23D. ADDRESS	0 /	11 :41
244	BURIAL CREMATION, 248. DATE 24	C. NAME OF CEMETERY OF CRE	MATORY/ 24D. LO	CATION (City	town, or (sounty) (Stote)
1	REMOVAL (Specify)	Joly Redeemer		ltimore, A	
	DATE REC'D BY HEALTH DEPT. 258. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
	JAN 6 1966 Robert &	Farley M.	Leonard J.	Ruck Inc E	Baltimore, Md.
VS	150-REV. 1/1/65	0 0 0	0 0 7		



VS 150-REV. 1/1/65

	00 0000	BALTIMOF	RE CITY HEALTH	DEPARTMENT	61	6 00093
BIRTH NO.	66 0008	CERTIF	ICATE OF	DEATH	Registered Na.	3 00000
M.E. CASE NO.	CEASED	/ **		2. DATE AN	D HOUR OF DEATH	.,45
110	MARGARE	TL. SRAVER	>	114	GL .	AM.
3. PLACE OF DE	ATH IN BALTIMORE MA	MLAND	4. USUAL A. STATE	B. COUN	deceased lived. If institu	ution: residence before admission)
FULL NAME		or institution, give street	MA	WYLAN	side city limits, write RUR	-0
HOSPITAL OR	address or lacotion)	C. CITY O	R TOWN (II out	side city limits, write RUR	AL ond give township)
MARYL	AND GEN	IERA1	13	ADDRESS (III	rural, give location)	
			7		LYORE	Air
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED			AGE (In years	f Under 1 Yr. , If Under 24 Hrs.
<i>[</i>	45	WIDOWED, DIVORCED (spe	cily)		ast birthday	lanths Doys Haurs Min.
IOA, USUAL OCC	UPATION (Give kind al work	10B, KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHP	LACE (State or farei	gn country) 1	2. CITIZEN OF
4.4	working life, even if retired)	de de dist		ARYLAND		WHAT COUNTRY?
13. FATHER'S NA	SEWIFE			ER'S MAIDEN NAN		USA
	5. PETT	1				(4)
	d Ever in U. S. Armed Fore	ces? 16. SOCIAL	17. INFORM	NNIE B	RANDT	ADDRESS
(Yes, no ar unknaw	n) (If yes, give wor or date	s of service) SECURITY NO	5.			
No		2200309	10	SBAND		SAME
18.42	0, / 4+ 26	O X	SUSE OF DEATH			ONSET AND DEATH
DISEA	SE OR CONDITION DIR LEADING TO DEATH	ECTET	ACUTE A	NTERIOR	MYDCADDIOL	12 0
	not meon the mode of	dying, e.g., DUE	10	and H	MOCARDIAL	16 Kowo
	, osthenio, etc. It meons mplication which coused					
	ANTECEDENT CAUSES	(B)	ARTERIOS	CLEROTIC	DISEASE	YEARS ?
	OR CONDITIONS, if		VAS	CULAR	DISERSE	+
	G CONDITION lost.	sloling the (C)	***************************************	***************************************		••••••••••••••••
	IFICANT CONDITIONS C	ONTRIBUTING	+ C Me	1200		7 40
DISEASE OR	CONDITION CAUSING I		TES MELL		000 15 15	3 725
E IVA. DATE O	F OPERATION 198. CON WAS PERF	DITION FOR WHICH OPERATIO	N 20A. AL	110PSY? (Tes at No.	IN CERTIFYING CAUSE	S OF DEATH?
U 21A. ACCIDI	NT WAS UNDERLYING	218. PLACE OF INJUS	RY (e.g., in ar about 2	1C. WHERE DID	(II in Baltimore Ci	ity, give exact lacation)
OR CONTRIB	UTING CAUSE OF y medical examiner)	hame, lorm, foctory, s	street, affice bldg., IP	AJURY OCCUR?		
D 21D. TIME	(Month) (Day) (Year)	(Hour) 21E INJURY OCCURE	RED 2	1F. HOW DID INJ	URY OCCUR?	
S OF INJURY		While At	Not While			
	1 0 0 0		At Work	1/4 1	. //	1/11
) attended the deceased fra			9 66 ta	1 4 19 66
		d alive an			at in (my) (aur) oplnia	n death accurred an the date
and haur ar		ed above. (1) (Well (did) did	nat) view the bo	ady after death.	100	B. DATE SIGNED
232.300	OI /	00	.D. Attending	Med.	Stoff 23	B. DATE SIGNED
220 041400	mill to	and	Phys. 23D. ADDRE	Director	Phys.	17/66
PHYSICA NAME (Type)		m	000	P. A	1) +1
24A. BURIAL CR	MALO GENATION, 248. DATE	24C. NAME OF CEMETER	Y of CREMATORY	myland &	lient /	town or county (State)
REMOVAL	(Specify)		OF CREMATORY	0		tawn for county) (State)
burio		Glen Haven 25B. NAME OF REGISTRAR	(emetery	JNERAL DIRECTOR	timore, Md.	ADDRESS
25A. DATE REC'T		A 90 A		enand &		Baltimore, Md.
JAN	6 1966 (7.0.	TO CONTROL	1 4-6	- William 18	MUCK FILE L	succinone, mae





MERKLE

Registered No. _

USA

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 2. DATE AND HOUR OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission

If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours 12. CITIZEN OF WHAT COUNTRY?

ADDRESS

INTERVAL BETWEEN ONSET AND DEATH

20B. IF YES, WERE FINDINGS CONSIDERED

IN CERTIFYING CAUSES OF DEATH?

(If in Boltimore City, give exact location)

ond that in (my) (our) opinion death accurred on the date

23B, DATE SIGNED

Baltimore 2SB NAME OF REGISTRAR 2SC. FUNERAL DIRECTOR

Kirkley Funeral Home, Glen Burnie

V\$ 150-REV. 1/1/65

2SA. DATE REC'D BY HEALTH DEPT.

66 00095

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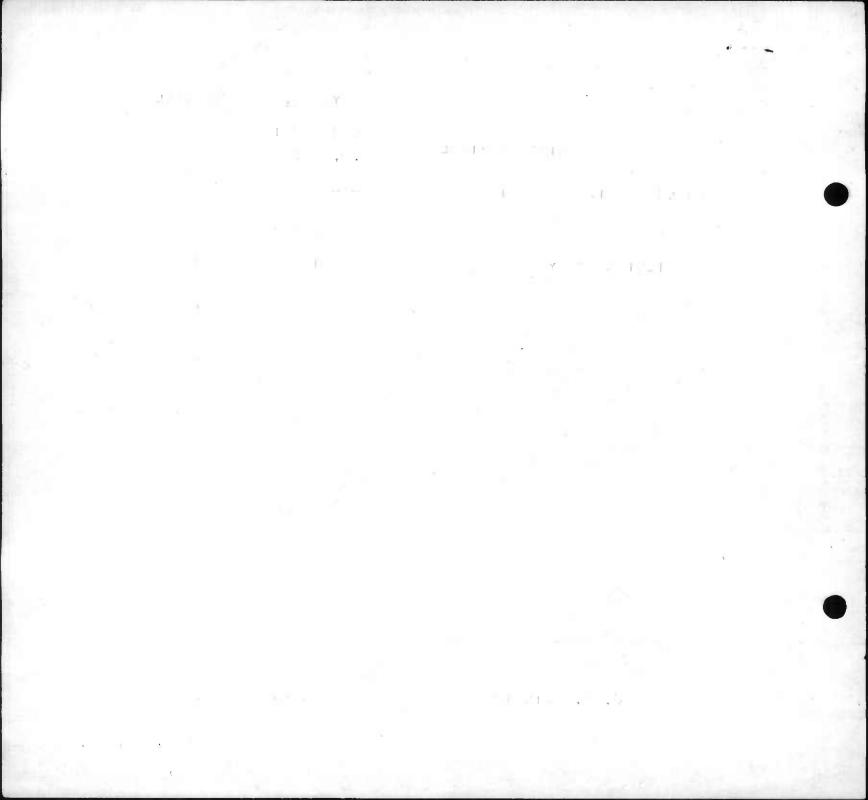
BIRTH NO.

M.E. CASE NO. I. NAME OF DECEASED

(Type or Print)

Such

no



CARROL TO UM H BALTIMORE CITY HEALTH DEPARTMENT Registered No BIRTH NO. CERTIFICATE OF DEATH Deceased M.E. CASE NO. Such 2. DATE AND HOUR OF DEATH (Type or Print) MULLER u o DAISY hospital of eath. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If igstitution: residence before admission B. COUNTY ance A. STATE (2) MD COUSE FULL NAME OF (If not in hospital or institution, give street Ö HD SPITAL OR address or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) cause; attend 0 0 BALTO prior D. STREET ADDRESS contributing (If turol, give location) MEMORIAL HOSPITAL 9 22 FLEET WOOD defermined regular mad 5. SEX 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 6. RACE 9. AGE (In years deceased WIDOWED, DIVORCED (specify) lost birthday) 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) disposition death done during most of working life, even if retired) HSEWFE Du Was 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME the 4 GE DDES L RIGB WILLIAM eath on 15. Was Deceased Ever in U. S. Armed Forces? PH- 14. ADDRESS 5/3 6. SOCIAL SECURITY NO. or final (Yes, no or unknown) (If yes, give wor or dotes of service) attendance 204 COLONIAL 20 any CAUSE OF DEATH pronounced APPROVED DISEASE OR CONDITION DIRECTLY N MYOCARDIAL DEZON PENSATION embalmed of LEADING TO DEATH fracture (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, regular injury or complication which caused death.) FICATION ANTECEDENT CAUSES who are DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stoting the physician UNDERLYING CONDITION lost. the remains chief medical CERTI Was burns; DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. CERTIFIC 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 0 WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 312-15-65 FX INTERTADOC before 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF the (7) 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID where (If in Boltimore City, give exect location) home, form, foctory, street, office bldg., INJURY OCCUR? to the hospital °Z MEDICAL DEATH (notify medical examiner) nature; obtained (Hour) 21F. HOW DID INJURY OCCUR? (Year) 21E INJURY OCCURRED 9 approved Not While (except While At (APPRDX) At Work and Work any 22. I certify that (1) (this hospital) attended the deceased fram JAN that (1) (we) last saw the deceased alive an and that in (my) (aur) apinian death accurred an the date of eath) hospital and haur and from the causes stated above. (1) (We) (did) (did not) view the bady after death. must accident the body was release 23A. SIGNATURE O Circhen M- JeBon a M.D. Attending Phys. Med. Director 0 approval 0 23C. PHYSICIAN'S ARTHUR M. 23D. ADUNS ON prior LA BRUCE. JR. certificate at LABRUCE M.D. RRTHUR M. D.O.A. 24A. BURIAL CREMATION, 24B. DATE eceased 24D, LOCATION (City, town, or county) REMOVAL (Specify) PARK Cemetery | 25c. FUNERAL DIRECTOR JAH.5.1966 Loudon Mas 258. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. VS 150-REV. 1/1/65

If Under 24 Hrs.

Hours

If Under 1 Yr.

12. CITIZEN OF

USA

WHAT COUNTRY?

ow son

INTERVAL BETWEEN

ONSET AND DEATH

28 22 FLEET WOOD

ADDRESS

23 B. DATE SIGNED

AVE

(Stole)

Months Doys

Tree lagranians Fire 4-4 2 Rale Mate Forter State Barby States ... 120 00 100

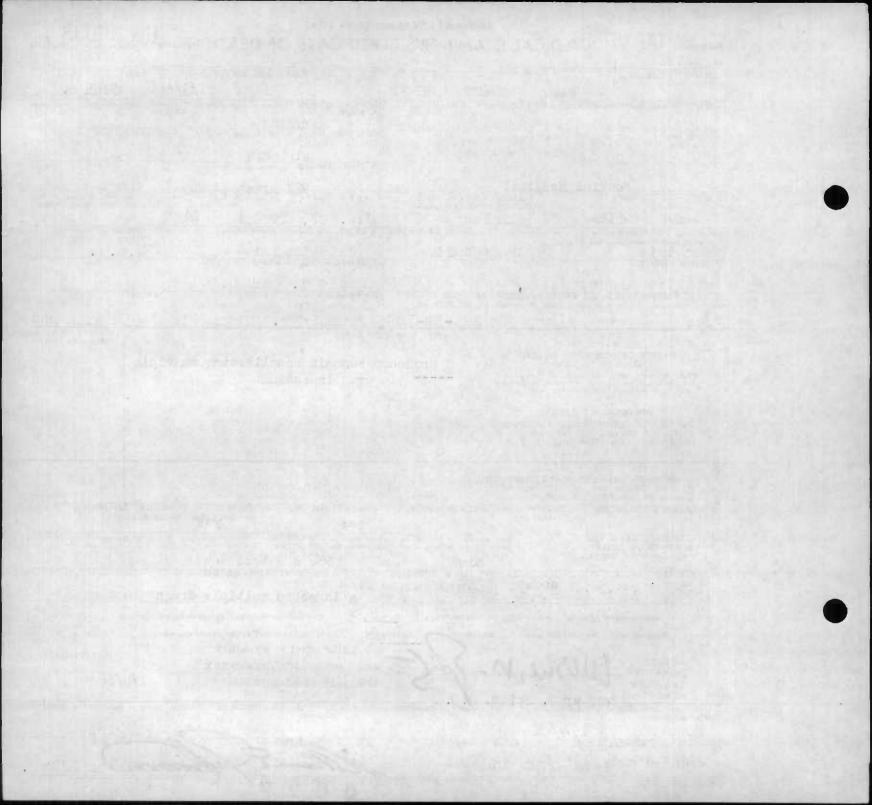
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to any Holy re 4 124

1 Hella

Line Frank Albert

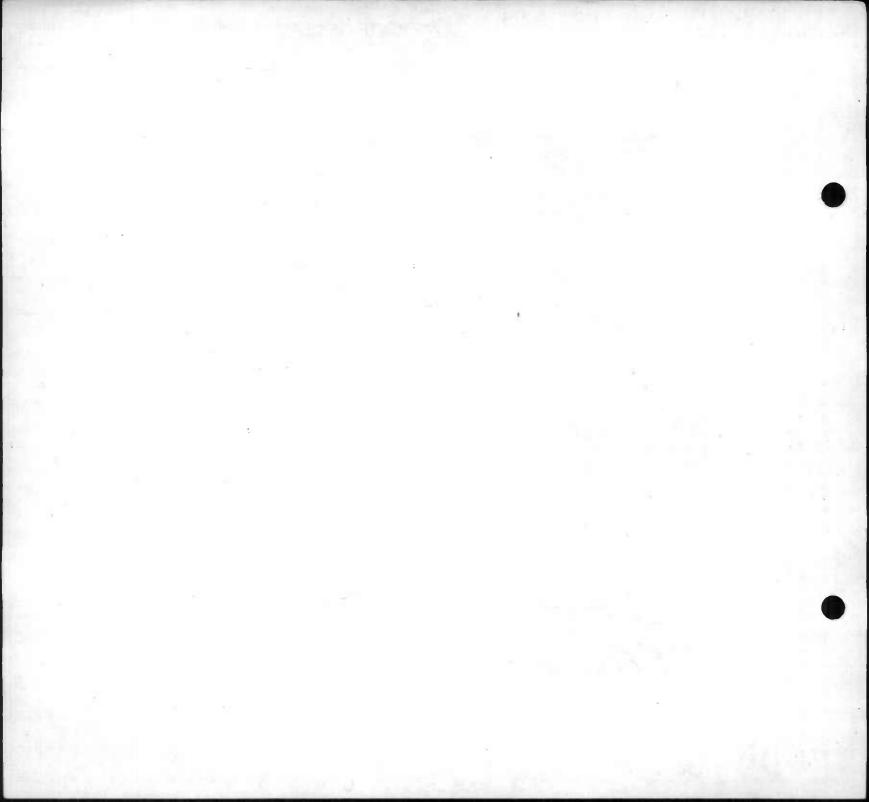
BIRT	гн но. 66	0009RED		AMINER'S CI			DEATH Registe	66	00098
-	E CASE NO.								
1. (Ty	pe or Print)	PAU	JL ALB	EHT HICKS			thour pronounce $1/3/6$	56	9:45 p. M.
3. P	LACE IN BALTIN	ORE, MARYLAND,	WHERE PRONOU	NCED DEAD	4. USUAL RESID	ENCE (Where	deceosed lived. If ins	titution: resid	ence before odmission)
HO	LL NAME OF SPITAL OR TITUTION	(IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTITU	TION, GIVE STREET	c. city or toy	ryland www.difoutside	e corporate limits, write		
2	2	1			D. STREET ADDR	RESS (If rurol,	give locotion)		
1	7	Hopkins Ho	pspital			952 Am	stead Way		
5. \$	male	white	Marri		Feb. 27	, 1924	9. AGE (In years lost birthday)	If Under Months I	1 Yr. If Under 24 Hrs. Doys Hours Min.
		ATION (Give kind of working life, even if retired		BUSINESS OR INDUSTRY	11. BIRTHPLACE	Stole or foreig	n country)	12. CITIZE	OF COUNTRY?
1	<i>[achinis</i>]	t		acturing	West V	irgini	a	U.S	.A.
13.	FATHER'S NAME				14. MOTHER'S M.	AIDEN NAME			
		Albert Hi				E. Tur	man		
		EVER IN U.S. ARME		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS	
	Zes			223-30-708	5 Franci	S V. F	licks (Wif	e) 95	2 ArmsteadW
	18 0 -	71 01			OF DEATH	2 1 1 2	12010 (1122		INTERVAL BETWEEN
-	DISEASE	OR CONDITION I	DIRECTIV						ONSET AND DEATH
	ı	EADING TO DEAT	TH	Broncho	pneumonia	compli	cating mult	iple	
	heart failure, a	meon the mode of sthenio, etc. It meon lication which couses	ns the disease,	- 50e +o	drug ing				000000000000000000000000000000000000000
								- 4.7	
	DISEASES OF	TECENDENT CAU R CONDITIONS, IF ABOVE CAUSE (A) CONDITION LAST	ANY, GIVING	(B)DUE TO	***************************************				
Z				(C)					
CERTIFICATION	TO THE D	II FICANT CONDITION EATH BUT NOT R CONDITION CAUSIN	RELATED TO TI						
CERT	19A. DATE OF C	PERATION 198 CO		WHICH OPERATION	yes	? (Yes or No)	10 CERTENE CAU	NDINGS CO	ON SIDERED
SAL	21 A. EXTERNAL	CAUSE WAS	21 B.	PLACE OF INJURY (e.g., form, foctory, street, o	in or obout 21C. W	HERE DID	If in Boltimore City, g	ive exoct loc	otion)
EDIC	UTING CAUSE	OF DEATH.	etc.)	home		Armste	ead Wav		
Σ				E. INJURY OCCURRED		DENI DID WC			
	(APPROX.)	1 1 66	about %	HILE AT NOT	WHILE winge	sted mi	altiple drug	75	
	22.	u sheet I held on			P97		s bosis, death in		
	- TO TO -	y that I held on							
	resulte	d from: Notural c	ouses A	Suicid		Marine and	Indetermined monn	er 🗌	
	ACTUAL	11112	10	1-1-		EDICAL EX			DATE SIGNED
	SIGNATU	1/0	uly V'	- (M.D.	ASSOCIATE M			1/4/	166
	NAME (T		II Cod+a	MAD	ASSOCIATE M	EDICAL LA	XAMIREK	-/4/	00
	BURIAL CREM		230	C. NAME of CEMETERY o	r CREMATORY	23 D. Le	OCATION (City	, town, or co	ounty) (Stote)
	Removal	1/4/	166				theville,	Virg	inia
24/	A. DATE REC'D B	Y HEALTH DEPT.	248, NAME	OF REGISTRAR	24C, FUNER	AL DIRECTOR	6 /4		DORESS
	JAN 6	1966 Rolm	\$ 2. Fa	Devena	Alta	and a	15 Person	roho Ra	wen B'lvd.
VS	151-REV. 1/1/65	N979	1107) (3 (-)	000	27		man	V



FUNERAL DIRECTOR: IMPORTANT

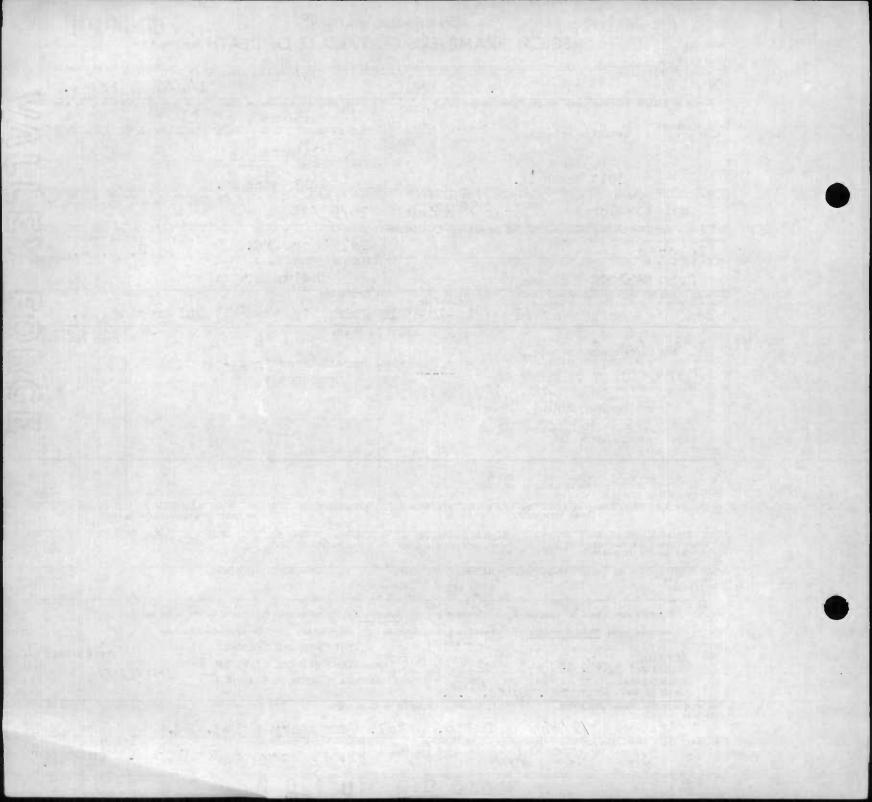
This certificate must be approved by the chief medical examiner or his assistant if deoth occurred in o hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular ottendance on the deceased prior to deoth. Such written approval must be obtained before the remains are embolmed or final disposition is made.

	00.00	0000	BALTIMORE CITY	HEALTH DEPARTMENT		00 00000
BIRTH NO.	66 00	1033	CERTIFICA	TE OF DEATH	Registered No	.66 00099
1. NAME OF D				2. DATE A	ND HOUR OF DEAT	Н
(Type or Print)	Mary Mead:	3		1-	2-66	11.00A M
3. PLACE OF	DEATH IN SALTIMORE, MA				ere deceesed lived. If	institution: residence befere edmission)
FULL NAME	R oddress er lecetie	er institutien, n)	give street			RURAL end give township)
INSTITUTION				Baltimore		
	Bolton Hill Nur				rurol, give location)	
1	afayette & Joh	ms Sts.		726 Pacifi	c Street	
5. SEX	6. RACE	WIDOWE	NEVER MARRIED D, DIVORCED (specify) dowed	8. DATE OF BIRTH April 8, 1868	9. AGE (In years lest birthdoy)	If Under 1 Yr. If Under 24 Hrs. Menths Days Heurs Min.
10A, USUAL O	CCUPATION [Give kind of work			11. BIRTHPLACE (Stote or for		12. CITIZEN OF
dene during mest HOU	ef working life, even if retired) LSEWITE			Maryland		WHAT COUNTRY? U.S.A
13. FATHER'S N	IAME			14. MOTHER'S MAIDEN NA	ME	
Alfr	ed Carter			Lucy Uderba	ch	
15. Wes Decea	sed Ever in U. S. Armed Fe	ces?	1 6. SOCIAL	17. INFORMANT	V-1	ADDRESS
Tes, no er unkne	ewn) (If yes, give wer er dete	es ef service)	SECURITY NO.	m1		
110 0			218-52-0245	Sherman Meads	726 Pa	cific St.
18. 2	201		CAUSE O	P DEATH		ONSET AND DEATH
DISE	EASE OR CONDITION DI	RECTLY	Ante	riosclerotic C	anahma wasa	several
(This does	s not mean the mode of	dying, e.g.,				miat soverar
	re, asthenia, etc. It means			disease	•	100
injuly of C	ANTECEDENT CAUSES		(8) Di	abetes Mellitu	3	several vrs
			DUE TO	######################################		
	OR CONDITIONS, if the above couse (A)		(C)-			
	ING CONDITION last.		anny an dan an anny	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	0 m 0 trib m 0 m m m tr m tr m m m minhm g.g. m m m,n, njepim m,n.	
	II					
	SNIFICANT CONDITIONS					
DISEASE	DEATH BUT NOT RELA					
19A. DATE	WAS PER	FORMED	WHICH OPERATION	No No	1e) 20 B. IF YES, WER	E FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTR	DENT WAS UNDERLYING CAUSE OF this medical exeminer	218 hen etc.	ne, ferm, fectery, street, of	n er ebout 21 C. WHERE DID INJURY OCCUR?	(If in Beltim	ere City, give exect lecetien)
O 21 D. TIME	(Menth) (Dey) (Yeer)	(Heur) 21E	. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
OF INJURY			nile At Net While	e 🗍		
		We		12-6-65	10	1-1-66
	ify that (I) (this hospita				.19to	
thot (I) (w	ve) lost sow the deceos	ed olive on	1-1-66	19ond t	hot in (my) (our) o	plnion deoth occurred on the dot
ond hour	ond from the couses sto	ted obove. ((We) (did) (did not) v	iew the body ofter deoth	•	
23A. SIGNA	THE MAN	116	2			238, DATE SIGNED
1	7 / Servor	1 40	M.D. Atte	ending Med.	Steff Phys.	1.2.66
23 C. PHYSIC	CIANS	1		23D. ADDRESS	-,	
HAME	• Ellsworth Co	nk.	M.D.		Ann. 70 7.1	
						o, Md. 21218
REMOVA	L (Specify)	/ 24C. N.	AME of CEMETERY of GRE		2Usa ((City, town, or county) (Stote)
Bur	eal 1-6-61	VI	- J VIEL	7	7	mey
JAN	6 1965 Pole	258 NAME	OF REGISTRAR	1) A mil	It Sect 8	314 W3 ETKS
VS 150-REV. 1/	/1/65	. 7	7-0-6	0000	1	

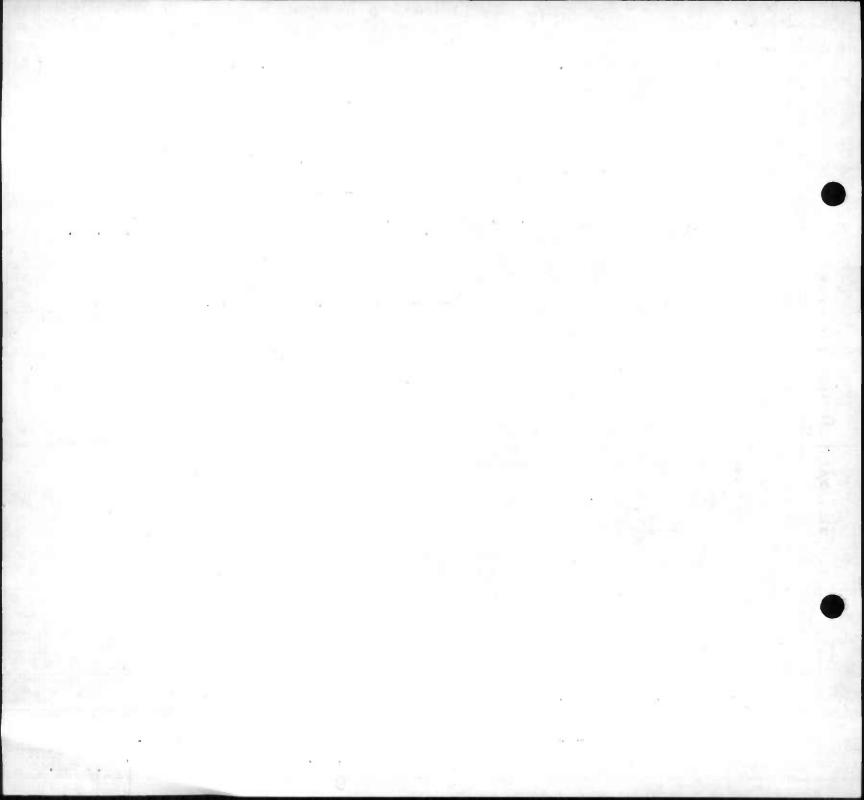


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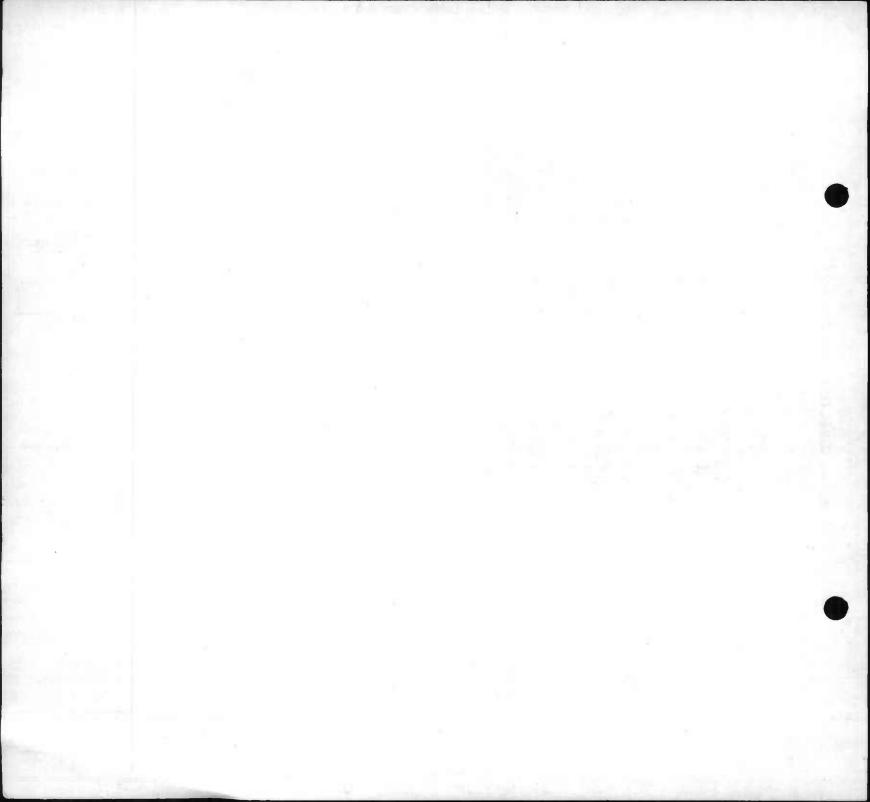
66 ()0101 film 619 of 214/18	Ealth Department 66 00101
	CERTIFICATE OF DEATH Registered Na.
M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print) THOMAS M. RISPER	2. Date and Hour Pronounced Dead 1/4/66 1:00 p.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
1013 Peach St.	Baltimore D. STREET ADDRESS (If rurol, give locotion)
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	1013 Peach St. B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hr
male colored WIDOWED, DIVORCED (specify)	10/25/25 . lost birthdoy 40 Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUS done during most of working life, even if retired) Laborer	Baltimore Md. 12. Citizen Of What country? U. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Risper	Thelma Brown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown), (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
Yes World War II 218-18-82	212 John Risper 2423 Coldspring La.
	JSE OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH Mass	ive spontaneous intra-cerebral
(This does not mean the mode of dying e.g., heart foilure, asthenia, etc. It means the discose, injury or complication which caused death.)	hemorrhage
injury or complication which coused death.)	
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(C)	
OF THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
UTING CAUSE OF DEATH.	g., in or obout 21C. WHERE DID (If in Boltimore City, give exect location) office bldg., INJURY OCCUR?
21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRE (APPROX.)	21F. HOW DID INJURY OCCUR?
22. I certify that I held an Inquiry Inspection	Autapsy 🕱 and that an this basis, death in my apinian
resulted fram: Natural causes X Accident Suic	clde Hamlcide Undetermined manner
ACTUAL LANG SOC	CHIEF MEDICAL EXAMINER DATE SIGNED
	ASSOCIATE MEDICAL EXAMINER 1/4/66
SIGNATURE Nome 1.	
SIGNATURE ME M.	ASSOCIATE MEDICAL EXAMINER 1/4/00
SIGNATURE EXAMINER'S NAME (Type) Werner U. Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER
SIGNATURE EXAMINER'S NAME (Type) Werner U. Spitz, M. D. 23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify) 23C. NAME of CEMETER	Y or CREMATORY 23D. LOCATION (City, town, or county) (Stote)
SIGNATURE EXAMINER'S NAME (Type) Werner U. Spitz, M.D. 23A. BURIAL CREMATION, 23R DATE REMOVAL (Specify) Burial 1/7/66 Balto. Nat	or CREMATORY 23D. LOCATION (City, town, or county) (Stote)
SIGNATURE EXAMINER'S NAME (Type) Werner U. Spitz, M.D. 23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify) Burial 1/7/66 Balto. Nat	TY or CREMATORY 23D. LOCATION (City, town, or county) (Stote)



66 001	BALTIMORE CITY	HEALTH DEPARTMENT	
BIKITI NO.	CERTIFICA	TE OF DEATH Registered	No. 66 00102
I. NAME OF DECEASED		2, DATE AND HOUR OF D	EATH
(Type or Print) Calvin P. Benn	У	Jan. 4, 196	6 1 :25 P.M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceased live	d. If institution: tesidence before admission)
FULL NAME OF (If not in hospital or institut	ion, give street	Maryland	
HOSPITAL OR oddress or location) INSTITUTION	ion, give sheet		write RURAL and give township)
Union Memorial H	osni tal	Baltimore	4-03
19	000000000	D. STREET ADDRESS (If rurol, give locoti	
		604 E. 34th Stree	
WIDO	RIED, NEVER MARRIED DWFD, DIVORCED (specify) P100	B. DATE OF BIRTH 9. AGE (In year 10st birthdoy) 72	s If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
done during most of working life, even if retired		11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	E. Horn & Co. York, Pa.	Baltimore, Maryland	
13. FATHER'S NAME	20210	14. MOTHER'S MAIDEN NAME	
Charles Benny		Bertha Piersol	
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of serv	security nd. 212-01-796	Mrs. Thelma N. Be	enny Same
	CAUSE 0		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	CAUSE O	DEATH	ONSET AND DEATH
LEADING TO DEATH	3	Note Paren Co	al Land
(This does not meon the mode of dying,	e.g., DUE TO	White Cot BThe Wing W.	Chris Her horty
heart failure, asthenio, etc. It means the disc injury ar camplication which caused death.)	ose,	Dute Coronay ix	
ANTECEDENT CAUSES	(B) (Oa)	des - vasaila light	rtimo Cing 1948
DISEASES OR CONDITIONS, if any, gi	DUE TO	1	7
rise to the above cause (A) stating	the (C)	pulle	
UNDERLYING CONDITION Iost,			
OTHER SIGNIFICANT CONDITIONS CONTRIBLE	JTING		
TO THE DEATH BUT NOT RELATED TO	THE		
	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 208. IF YES, IN CERTIFYIN	WERE FINDINGS CONSIDERED G CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21 C. WHERE DID (If in B. fice bldg., INJURY OCCUR?	ollimore City, give exact location)
U	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
W OF INJURY	While AI Not While		
(APPROX)	Work At Work		
22. I certify that (I) (this hospital) attend	ed the deceased fram	19ta	
that (I) (we) last saw the deceased alive	an ((Cl. 23	19 65 and that in (my) (90	e) op/gian death accurred an the date
and haur and fram the couses stated above		/// //	abr 23 40
23A. SIGNATURE	/		238. AATE SIGNED
(Kantust: Kas	M.D. Atte	ending Med. Stoff Phys.	Jan 5 66
23C. PHYSICIAN'S	1 011	23D. ADDRESS	1/0000
Dr. Bartus T. Bagg	ott M.D.	3812 Greenmount Ave	enue
	C. NAME of CEMETERY OF CR		(City, town, or county) (State)
Burial 1-7-1966	Parkwood Cem	etery Parkvill	e. Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR.	ADDRESS 21212
JAN 6 1966 R.C. 6 8	tarbey Mil	25c FUNERAL DIRECTOR: DS & S H. W. Jenkins & S 4905, York R	load Balto., Md.
VS 150-REV. 1/1/65			



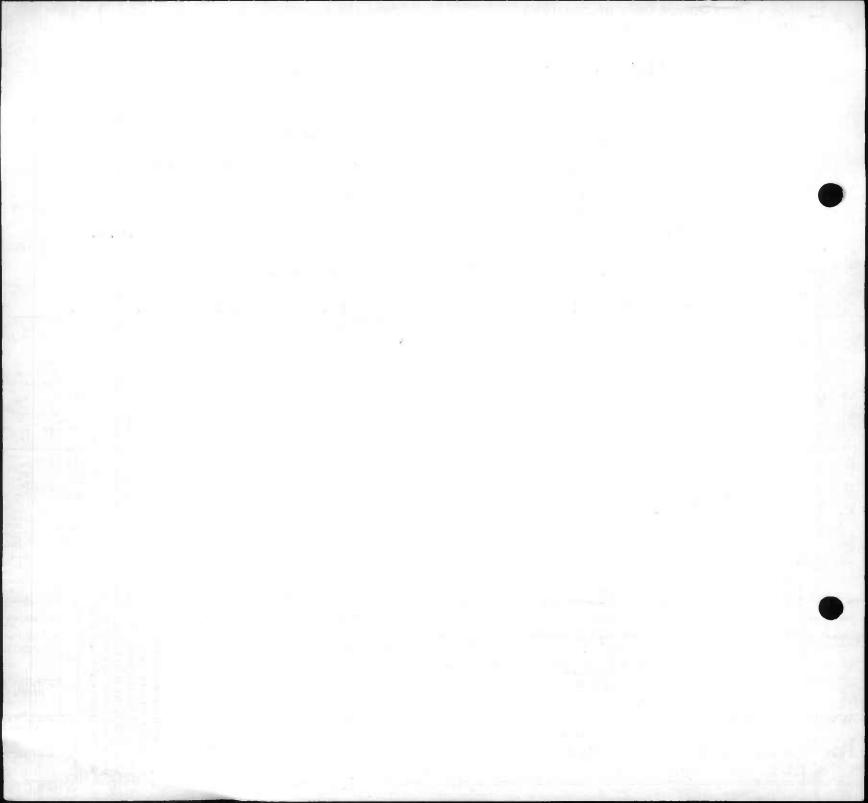
VS 150-REV. 1/1/65



IMPORTANT DIRECTOR: FUNERAL

Was

66 00104 BALTIMORE CITY HEALTH DEPARTMENT January 4, 1966 3 PM M
RESIDENCE (Where deceased lived, if institution; residence before admission) (If outside city limits, write RUPAL and give towns If Under 1 Yr. If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS Hazel M Codd 1730 Abbottston St ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (II in Boltimore City, give exact location) _ond that in (my) (our) opinion death accurred on the date 23B. DATE SIGNED REMOVAL (Specify) 1966 Baltimore National Burial Cem Baltimore 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS VS 150-REV. 1/1/65



FUNERAL DIRECTOR: IMPORTANT

and

hospital

occurred

death

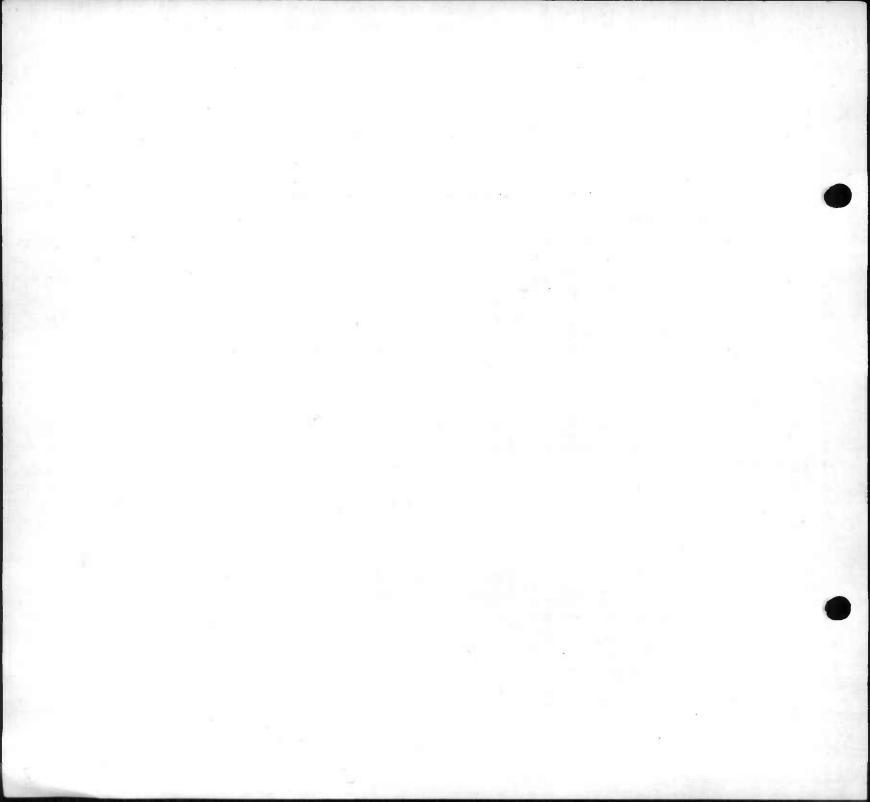
or his assistant

chief medical

the

approved

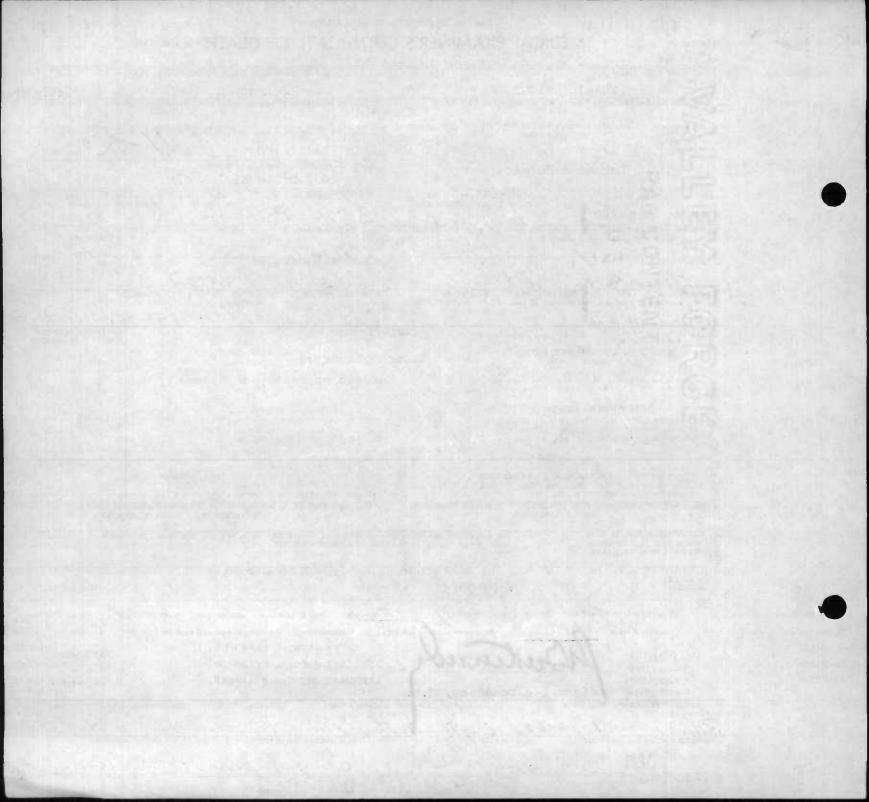
BALTIMORE CITY HEALTH DEPARTMENT Registered Na. CERTIFICATE OF DEATH of death Deceased M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) MARGARET LO LLCYD Junuary 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) ance deat (4) Undetermined cause; (5) MARYLAND cause FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location) (If outside city limits, write RURAL and give attend INSTITUTION 9 BALTIMORE LUTHERAN HOSPITAL OF prior D. STREET ADDRESS (If turol, give location) or contributing MARYLAND or final disposition is made. regular 7. MARRIED, NEVER MARRIED 9. AGE (In years 5. SEX 6. RACE If Under 24 His. B. DATE OF BIRTH ff Under 1 Yr. deceased Months Doys Hours WIDOWED, DIVORCED (specify) lost birthday) MARRIED 3 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF = WHAT COUNTRY? done during most of working life, even if retired) U.S. 4 Was the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME direct death uo. 5. Wes Deceased Ever in U. S. Armed Forces .6. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. attendance 05-3349 any CAUSE OF DEATH INTERVAL BETWEEN pronounced ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed of LEADING TO DEATH HEMORRHAGE fracture (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. If means the disease, regular injury or camplication which caused death.) GASTRITIS ANTECEDENT CAUSES who DUE TO are DISEASES OR CONDITIONS, if any, giving ALCOHOLISM rise to the above cause (A) stating the physician the remains UNDERLYING CONDITION last. burns; CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CARCINOMA No physician 20 A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED 198 CONDITION FOR WHICH OPERATION the WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? MASSIVE HEMORRHAGE before 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING where (If in Boltimore City, give exact lacation) OR CONTRIBUTING CAUSE OF to the hospital DEATH (notify medical examined any nature; MEDIC, obtained 9 (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY Not While (except While At (APPROX) and Work At Work 22. I certify that (1) (this hospital) attended the deceased fram 600 that (1) (we) last saw the deceased alive an. and that in (my) (our) apinion death accurred on the date death) of hospital and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death. must accident 23A. SIGNATURE 238, DATE SIGNED Attending Phys. Med. Stoff 0 Director Phys. approval 0 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS prior to LUTHERAN HOSPITAL DESIDERIO #EBROX! was D.O.A. deceased paritten ap 24A. BURIAL CREMATION, 24B. DATE 24D. LOCATION he body REMOVAL (Specify) shows: 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 25A. DATE REC'D BY HEALTH DEPT. ADDRESS VS 150-REV. 1/1/65



K523

VS 151-REV. 1/1/65

66 00106 BALTIMORE CITY HEAD	hh 1111111
BIRTH NO. MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH Registered No.
M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
MORRIS KNIGHT	January 5, 1966 12:05 AM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission) B. COUNTY Maryland
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	C. CITY OR TOWN (II outside corporate limits, write BURAL and give township)
HOSPITAL OR ADDRESS OR LOCATION)	1103
	Baltimore D. STREET ADDRESS (II rurel, give locotion)
Lutheran Hospital	437 Druid Hill Ave.
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. II Under 24 Hrs.
WIDOWED, DIVORCED(specily)	lost birthdoy) Manths, Doys, Hours, Min.
male negro Divorced	3-24-1921 44
IDA. USUAL OCCUPATION (Give kind of work) OB. KIND OF BUSINESS OR INDUSTRI done during most of working life, even if retired)	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14, MOTHER'S MAIDEN NAME
S. PATHERS NAME	
15, WAS DECEASED EVER IN U.S. ARMED FORCES? 116, SOCIAL	0/2e/a Morton 17. INFORMANT ADDRESS
15. WAS DECEASED EVER IN U.S. ARM ED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	
Ves WW.IL	Olzela Nicklson 1604 Vincent et
18. 2 9 1 CAUSI	E OF DEATH INTERVAL SETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Drong	
LEADING TO DEATH (A)	Chopneumonia
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which coused death.)	Chronic pulmonary emphysema
Injuly of complication which coases seems	
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	ves
	in or obout 21C. WHERE DID (II in Boltimore City, give exact location) olfice bldg., INJURY OCCUR?
UTING CAUSE OF DEATH.	
21D TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) WHILE AT NOT NOT AT V	WHILE OVER
22.	4n
	ond that on this basis, death in my opinion
resulted from: Natural couses X Accident Suicio	
ACTUAL /// ACTUAL	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE M.D	ASSISTANT MEDICAL EXAMINER
EXAMINER'S Project Project M. D.	ASSOCIATE MEDICAL EXAMINER 1-5-66
NAME (Type) Rudiger Breitenecker, M.D. 23A. BURIAL CREMATION, 123B. DATE 23C. NAME of CEMETERY	or CREMATORY 23D. LOCATION (City, town, or county) (Stote)
REMOVAL (Specify)	11 0 3 11
Buriel 1-10-66 Batto. Nel	A. Cem. Battimore, md.
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS



VS 151-REV. 1/1/65

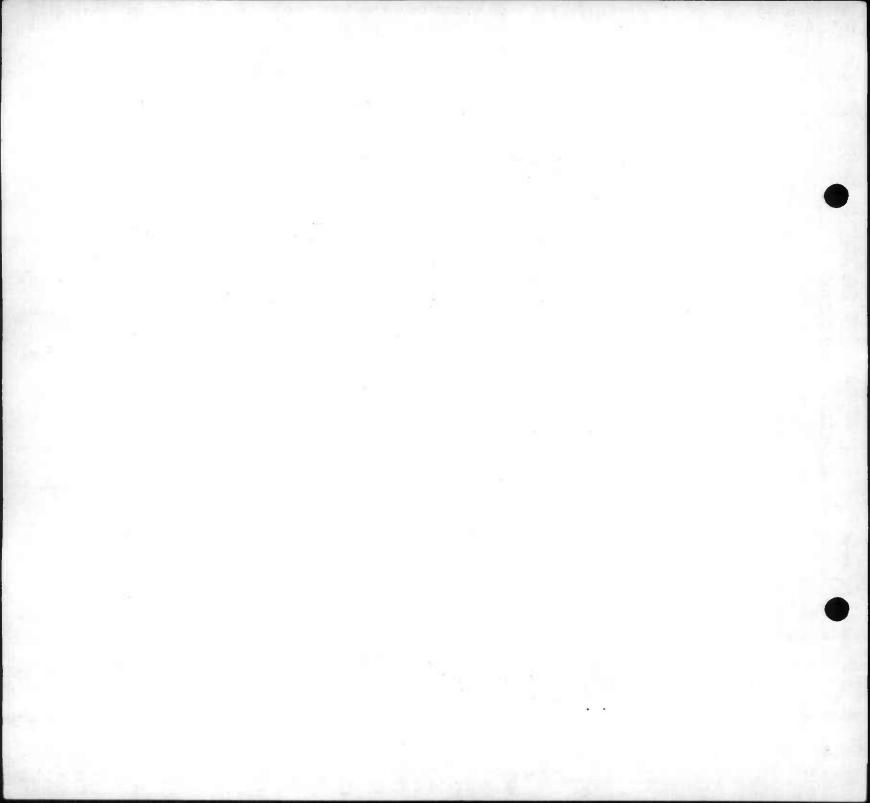
66 UULU / BALTIMORE CITY HEA	LTH DEPARTMENT 66 00107
BIRTH NO. MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH Registered No.
M.E. CASE NO.	
1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD
(Type or Print) LEON H. BURKE	1-2-66 10:40 P.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY Maryland
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
UNIVERSITY HOSPITAL - DOA	Baltimore D. STREET ADDRESS (If rurol, give locotion)
	312 N. Poppleton Street
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.
Male Colored WIDOWED, DIVORCED(specify)	And 1955 lost birthday Manths, Days, Haurs, Min.
Male Colored Mairie 100. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTR	Y11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
done during most of working life, even if retired)	Maryland WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Estelle Green
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor ar dates of service) SECURITY NO.	Annie Mae Burk SISN. Poppleton
MB. CAUSI	E OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH	ry infiltration of liver
(This does not meon the mode of dying, e.g., DUE TO	
injury or camplication which caused death.)	
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE	
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 179A, DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION	
194, DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION WAS PERFORMED	20A, AUTOPSY? (Yes at No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID (If in Boltimore City, give exact lacation)
UNDERLYING OR CONTRIB-	office bldg., INJURY OCCUR?
OF INJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) WHILE AT NOT WORK AT V	WHILE OF THE PROPERTY OF THE P
22. I certify that I held an Inquiry Inspection Au	and that on this bosis, death in my opinion
resulted from: Notural causes X Accident Suicid	
0 00010	CHIEF MEDICAL EXAMINER X
SIGNATURE / Missell Styles M.E	ASSISTANT MEDICAL EXAMINER
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER 1-3-66
23A, BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY	or CREMATORY 23D. LOCATION (City, town, or county) (State)
REMOVAL (Specify)	HP. BILL MI
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
JAN 6 1966 Robert E. Farbey M.A.	A. N. VI 1510 11 All
	Kilmer A I. V. IVKN IChan

longe A. Klar 1348 N Calhon St.

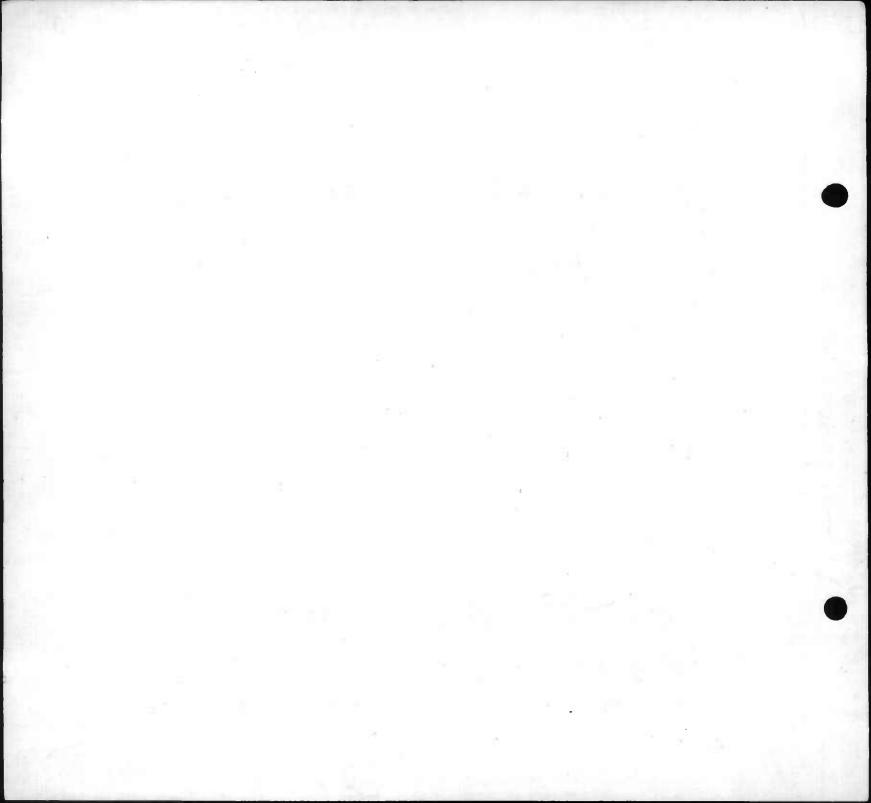
66 00108	BALTIMORE CITY	HEALTH DEPARTMENT		66 00108
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered No.	90 00100
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) (Type or Print)	Kan U	2. DATE AND H		C: 30 1
3. PLACE OF DEATH IN BALTIMORE, MARYLAN	ND H.	4. USUAL RESIDENCE (Where dec	cosed lived. If institu	tion: residence before odmis
FULL NAME OF (If not in hospital or ins	titution aive shoot		1112111 44	n
HOSPITAL OR oddress or location)	monon, give sneet	BALTIMORE C. CITY OR TOWN (If outside	city limits, write RURA	L and give township)
LUTHERAN HOSP.	OF MARYCAND	D. STREET ADDRESS (If rurol,		5-37
	7 1140			
5. SEX 6. RACE 7. M	ARRIED, NEVER MARRIED	B. DATE OF BIRTH 19. AC		Under 1 Yr. , If Under 24
w	TDOWED, DIVORCED (specify)	lost t	oinhday) Mo	Under 1 Yr. If Under 24 onths Doys Hours M
10A. USUAL OCCUPATION (Give kind of work 10B. I	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign co	6 Z ountry) [12	CITIZEN OF
done during most of working life, even if retired)		Maryland		WHAT COUNTRY?
MINISTER 13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		USA
MILANILLE SIRE	T SCHINSON	ANNA EL	17112-+11	16 11 110 0 1
CARIUS AUBER 15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of s	1 6. SOCIAL	17. INFORMANT	CABBIH	SCH USON ADDRESS
(Yes, no or unknown) (If yes, give wor or dates of s		SON		Ciasa
1B. 200 X	578-57-474	OF DEATH		INTERVAL BETWEEN
DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) statis UNDERLYING CONDITION tost. OTHER SIGNIFICANT CONDITIONS CONTENT TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	RIBUTING	TERIOSELE ROSIS RALIZED PLABETIS MELL PYTUREPARITI	iTUS	
	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20E	CERTIFYING CAUSES	INGS CONSIDERED OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	21 B. PLACE OF INJURY (e.g., home, form, foctory, street, o	n or obout 21 C. WHERE DID flice bldg., INJURY OCCUR?	(If in Boltimore City	y, give exact location)
21D. TIME (Month) (Doy) (Year) (Ho OF INJURY (APPROX.)	While At Nork At Work	21F. HOW DID INJURY	OCCUR?	
22. I certify that (1) (this hospital) atte			2(to	1 - 2 19 6
that (I) (we) lost sow the deceased ali	ve on 1 - 2		(my) (our) opinion	deoth occurred on the
and hour and from the causes stoted a	bove. (1) (We) (did) (did not)			
23A. SIGNATURE			238	DATE SIGNED
Dallia Cu	rjada M.D. Att	ending Med. Stoff Stoff Phys.		1/2/65
23C. PHYSICIAN'S NAME (Type)	J	23D. ADDRESS		
SAMUEL TOM	PAKOU M.D.			
24A. BURIAL CREMATION. 24B. DATE REMOVAL (Specify)	24C. NAME OF CEMETERY OF CR	EMATORY 24D. LOCAT	ION (City, to	wn, or county) (Sto
Burial 1-5-66	Arbutus Me	n. px. Ark	utus 3	nd.
	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	,	ADDRESS
TAY.	bent E. Jankey M.A.	Sko. Hakla	- 1348N.	Calhon of
REMOVAL (Specify) Buris 1-5-66 SA, DATE REC'D BY HEALTH DEPT. 258. 1	Arbutus Me	n. Px. Alb	1349N.	ADDRESS



TH NO. E. CASE NO. NAME OF DECEASED PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital or institution, give street	ERTIFICATE OF D	EATH Registered No	66 00109
PLACE OF DECEASED PLACE OF DEATH IN BALTIMORE, MARYLAND			
PLACE OF DEATH IN BALTIMORE, MARYLAND		2. DATE AND HOUR OF DEATH	
TACE OF DEATH IN BALLIMORE MARILAND		1 4-1-1	5120 A
FILLI NAME OF A (If not in hornital as institution and a	4. USUAL KES	1-4-66 IDENCE (Where deceased lived. If ins	titution; residence before admissio
FILL NAME OF III not in hospital or institution and attack	A. STATE	B. COUNTY	5 6 -1
HOSPITAL OR oddress or location)	mary	Jand WN (If outside city limits, write RI	10-01
INSTITUTION		-	JRAL and give township)
Lutheran Hospital of	D. STREET AD	press (If rurol, give location)	
muryland	11 1157	0 .	
		BRICE ST.	
SEX 6. RACE 7. MARRIED, NEVER WIDOWED, DIVOR	CED (specify)	RTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Ho Months Doys Hours Min.
emale Colored Wide	1-20-	92 734RS.	
CULAL OCCUPATION (Give kind of work 10B, KIND OF BUSINE to during most of working life, even if retired)	SS OR INDUSTRY 11. BIRTHPLACE	E (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
UNKNOWN UNKNO			45A
FATHERS NIA AAE	14 MACTHER'S	MAIDEN NAME	QUA
William Hawki.	N. C	u d	1. 1/2.000
	4,0,	KNOWN Soph	ia young
Wos Deceosed Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dotes of service) 16. SEC	URITY NO.		NADDKE22
NO -	- cha	RET	
18. / 7 0 X	CAUSE OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY			ONSET AND DEATH
LEADING TO DEATH	(a) (uncimorna	of Le breast	1-2-66 2/4
(This does not meon the mode of dying, e.g.,	DUE TO		
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	<u> </u>		
ANTECEDENT CAUSES	(B) Cerebro	Vuscular Acerd	.T
DISEASES OR CONDITIONS, if ony, giving	DUE TO		
rise to the obove couse (A) stating the	(C)		waan
UNDERLYING CONDITION lost.			
II			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		19	46
DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH C	DEFRATION 120A ALIZOR	SY? (Yes or No) 20B. IF YES, WERE F	NOINGS CONSIDERED
194. DATE OF OPERATION 198. CONDITION FOR WHICH OWAS PERFORMED	PERATION 20A. AUTOP	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE	OF INTERVALOR IS AS SHOWN OF THE	WHERE DID	City sine and least-
OR CONTRIBUTING CAUSE OF home, form,	OF INJURY (e.g., in or obout 21 C. V foctory, street, office b)dg., INJUR	RY OCCUR?	City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OF INJURY	OCCURRED 21F. H	OW DID INJURY OCCUR?	
(APPROX.) While At Work	Not While At Work		
		19 66 10	1/11 11
22. I certify that (I) (this hospital) attended the dece	1 / -		19 66
that (I) (we) last saw the deceased alive on	19 1	ond that in (my) (our) opIn	ian death accurred an the d
	did) (dld not) view the body	after death.	
and haur and from the causes stated above. (1) (We)			23B. DATE SIGNED
and haur and from the causes stated above. (1) (We) (M.D. Attending	Med. Stoff Phys. Phys.	1/0/16
/	Phys.	Priecioi Priys. UZ_NE	1 / / / / / /
23A. SIGNATURE Shim 23C. PHYSICIAN'S		Priys. IZA	1 4 66
23A. SIGNATURE Solution 23C. PHYSICIAN'S NAME (Type)	Phys. 23D. ADDRESS	Priys, UZI	174166
23A. SIGNATURE Shim 23C. PHYSICIAN'S NAME (Type) C. S. SHIN	Phys. 23D. ADDRESS		
23A. SIGNATURE Shim 23C. PHYSICIAN'S NAME (Type) C. S. SHIN	Phys. 23D. ADDRESS		, , , , , ,
23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) C. S. SHIN A. BURIAL CREMATION, 124B. DATE 24C. NAME of 1	Phys. 23D. ADDRESS		(State)
23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) C. S. SHIN A. BURIAL CREMATION, 124B. DATE 24C. NAME of 1	Phys. 23D. ADDRESS M.D. CEMETERY of CREMATORY AUBUIN Com.		, , , , , ,
23A. SIGNATURE 23C. PHYS)CIAN'S NAME (Type) C. S. SHIN A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) Burial 1-7-66 Mt	Phys. 23D. ADDRESS M.D. CEMETERY of CREMATORY AUBUIN Com.	Baltimore	(State)

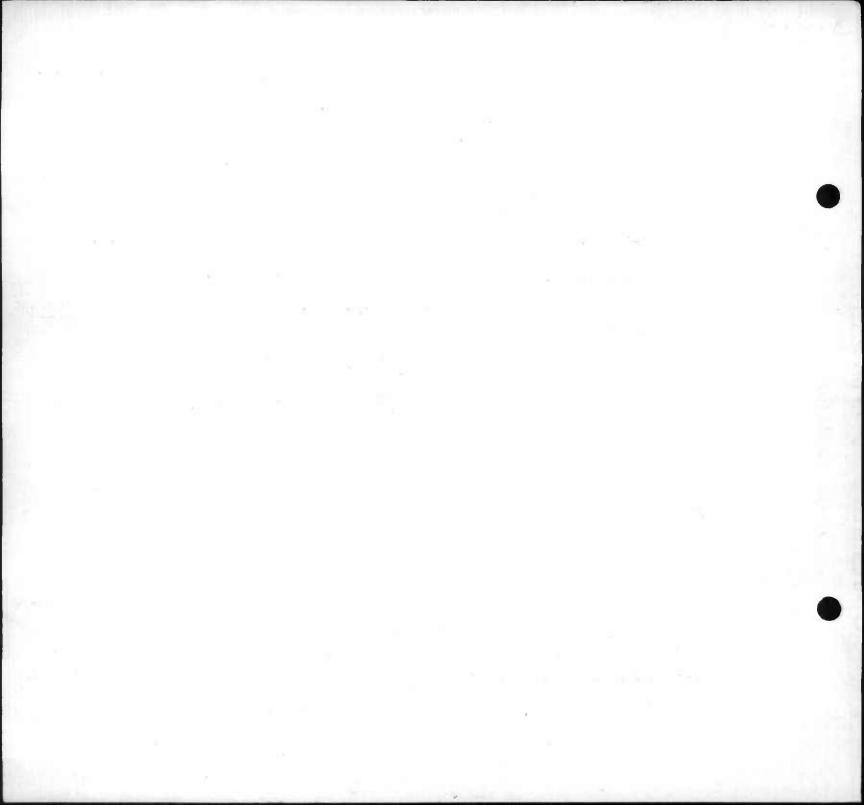


		BALTIMORE CITY	HEALTH DEPARTMENT		00 00410
	TH NO. 66 00110 4.11	CERTIFICA	TE OF DEATH	Registered Na	66 00110
1. N	AME OF DECEASED	REEN	2. DATE ANI	HOUR OF DEATH	11 152
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	10000	4. USUAL RESIDENCE (Whose A. STATE B. COUNT	deceased lived, if inst	itution: residence before admission)
1	FULL NAME OF (If not in hospitol or institution, given the state of th		C. CITY OR TOWN (If outs	side city limits, write RL	IRAL ond give township)
3	NSTITUTION TOHNS HOPKINS A	FOSPITAL	BALTIMOR	25	The said give township.
				WORTH .	AVENUE
5. 9	F 6. RACE 7. MARRIED, N WIDOWED, SEPARE. USUAL OCCUPATION (Give kind of work 108, KIND OF B	EVER MARRIED DIVORCED (specify)	3/6/06	ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
don	e during most of working life, even if retired)	USINESS OR INDÚSTRY	11. BIRTHPLACE (State or foreign	on country)	12. CITIZEN OF WHAT COUNTRY?
13.	HOUSEWIFE FATHERS NAME		14. MOTHER'S MAIDEN NAM		UJIF
1	LORINZO HILL		FLORENCE	= RIDGL	EY
15.		6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS 141 CARLO
	118.	CAUSE O	MARY EDGE	> STEPDAUG	TER CT
	DISEASE OR CONDITION DIRECTLY			1	ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dying, e.g.,	(A) D15	SEMINATED !	167857ATVC	3 HONTHS
	hearl foilure, asthenio, etc. It means the disease, injury or complication which caused deoth.)	M	- Mecanon	7	0
	ANTECEDENT CAUSES	DUE TO E	THE ENDOME	AL TUHOR	4 HONTHS
	DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stating the	(C)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	UNDERLYING CONDITION last.				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
RTIFIC,	19A. DATE OF OPERATION 19B. CONDITION FOR WE WAS PERFORMED	IICH OPERATION	20A. AUTOPSY? (Yes of No)	20B, IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
CAL CE	21 A. ACCIDENT WAS UNDERLYING 21 B. P.	LACE OF INJURY (e.g., in form, foctory, street, of	or obout ZIC, WHERE DID	(If in Boltimore	City, give exect location)
MEDIC	OF INJURY WEIL	NJURY OCCURRED At Not While	21F. HOW DID INJU	JRY OCCUR?	
	Work	At Work		11-	
	22. I certify that (I) this hospital attended the that (I) (we) last saw the deceased alive an		3 19 65 and the	9 (15 to TAN	an death accurred an the date
	and haur and fram the causes stated abave (1)				
	23A. SIGNATURE	red		Stoff Stoff	23B. DATE SIGNED
	DE PHYSICIANS	Phy		Phy s.	1/3/66
	23C. PHYSICIAN'S NAME (Type)	AA D			
24/	Marguerite R. Shepard A. BURIAL CREMATION, 24B. DATE 24C. NAM PREMOVAL (Specify) 24C. NAM	AE OF CEMETERY OF CRE	The Johns Hop	kins Hospi	tal (Stote)
Z	Jurial 1/8/66 m	T. Cals.	my a	· U. Cous	My Mito
25/	JAN 6 1966 Record By Health Dept. 258, NAME OF	REGISTRAL MAIL	FUNERAL DIRECTOR	Lock ON.	1304h Onless
VS	150-REV. 1/1/65	and the same	10 120 LA	The state of	10-111 (27)

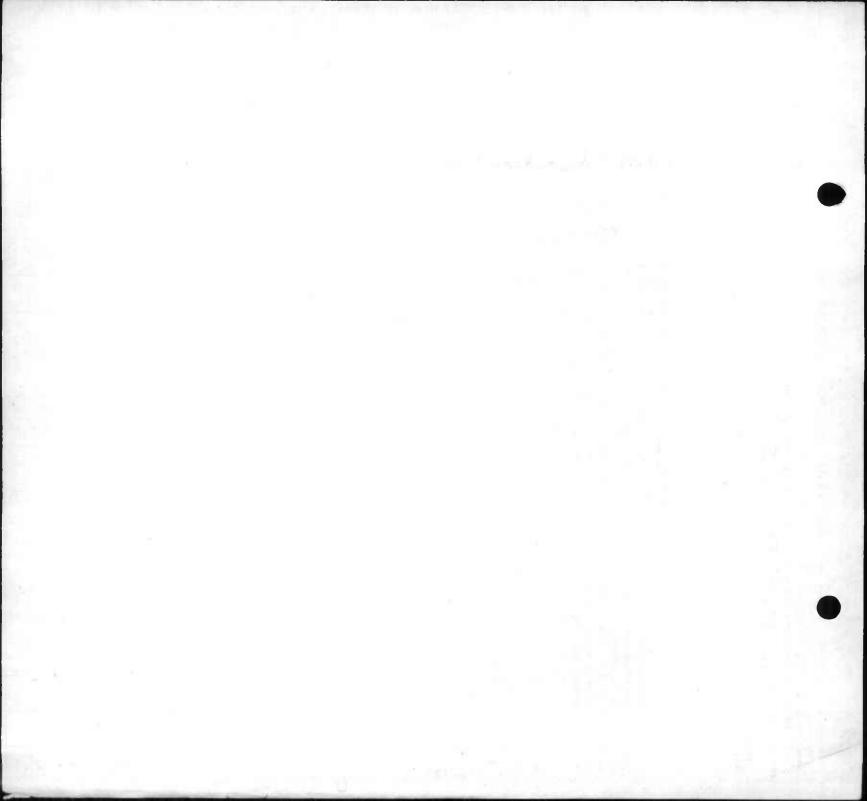


•	FUNERAL DIRECTOR: IMPORTANT	IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occur	the chief medical examiner o	or his assistant if death occu
the body was released to the hospital by a medical examiner. Also, if the direct or contrik	al by a medical examiner.	Also, if the direct or contril
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermin	; (2) Body burns; (3) A fracture	of any kind; (4) Undetermir
was D.O.A. at a hospital (except where the physician who pronounced death was in regul	ere the physician who prono	ounced death was in regul
deceased prior to death); and (6) No physician was in regular attendance on the deceased	o physician was in regular a	ittendance on the deceased
written approval must be obtained before the remains are embalmed or final disposition is ma	efore the remains are embaln	ned or final disposition is ma

- 3151			5 66111		BALTIMORE CITY	HEALTH DEPARTA		CC 00144	
70 979		-	6 00111		CERTIFICA	TE OF DEA	TH Registered No	66 00111	
ang eatl ase th th	1.1	E CASE NO. NAME OF DECE pe at Print)	ASED			2. [DATE AND HOUR OF DEAT	н	_
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ca ca	77		Edgewood :	Sanatorium	G •	Baltim D. STREET ADDRESS	ore	27-12	
						6000 Bel	lona Av.		
Tri tri	6	omelo	6. RACE	Sing	IVORCED (specify)	May-8-188	9. AGE (In years last birthday)	If Under 1 Yı. tf Under 24 Months Days Hours Mi	
ath or condeter in re-	107	USUAL OCCU	PATION (Give kind of war varking life, even if relied)	rk 108. KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE (Stat	e or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
ded Unc as e d	13.	Retired	l-Balto.City	y School	leacher	Ireland	DEN NAME	U.S.	
INT ant if direct d; (4) ath w on the	15.	Robert	Ever in U. S. Armed Fo (If yes, give wai ai dat	Pices? 1 6.	SOCIAL	Elizabe	th Strong.	ADDRESS	
ORTAN] assistant if the dir ny kind; (ad death lance on	(Ye	s, no ai unknawn) N O			SECURITY NO.		.Hopkins (Sis		Apt
POR s ass any lead or fi		1B. 44 20	2,11		CAUSE O	1		INTERVAL BETWEEN ONSET AND DEATH	8*
IMPORTAN or his assistan Also, if the d e of any kind; nounced death attendance on		L	E OR CONDITION DI LEADING TO DEATH		(A) art	Priozelere	tic Dogeno	rative.	
		heart lailure, a	ol mean the mode o osthenio, etc. It meon plicotion which couse	s the disease,	DUE TO	V. Disea	rge.	0	
ECTOR xamine camine h A fract who pr regula			NTECEDENT CAUSE		DUE TO	cute,	heart fair	use 24 hrs.	
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INE chief gody the ysici	ERTIFIC	19A. DATE OF	OPERATION 198. COI	NDITION FOR WHITE REFORMED	CH OPERATION	20 A. AUTOPSY? (Y	es ar Na) 20B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?	
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ed nos atu (6)	L CLJ	21 D. TIME OF INJURY (APPROX)	(Manth) (Day) (Year)	(Hauil 21 E. INJ While A Wark	Nat While At Work	e 🖳	DID INJURY OCCUR?		
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of to of tall the tall the			from the causes sta					pinfon death accurred on the	date
must be a eleased to ccident of to death) to death) all must bust bust bust bust bust bust bust b		23A SIGNATUR		M. (M.D. Alle	ending The Med.	Staff	23 B. DATE SIGNED	_
ate mu as rele an acci at a h rior to		23 C. PHYSICIAN	ph C. //	11use	. 7	Direct	or Phys.	16 Han. 6	6.
certificate body was i vs: (1) An a D.O.A. at ased prior	24	1		24C NAME	M.D.	2725/	24D. LOCATION	St. Balto 18	11
certi oody s: (1 D.O. ased		Crematic			enMount		Baltimore,		e/\
This certificate must be a the body was released to shows: (1) An accident of was D.O.A. at a hospital deceased prior to death) written approval must be	25.	A. DATE REC'D		Robert E		25C. FUNERAL D	RECTOR	ADDRESS North-Av-2120)]
		150-REV. 1/176			\$ 0 70 C	PREMATO	2 Marifell Obj.100	TO TANK AND THE TRAINING	



PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF OF (If not in hospitol or institution, give street HOSPITAL OR INSTITUTION C. CITY OR TOWN (If outside city limits, write RURAL and give township) Baltimure	M.
PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before of A. STALE COUNTY FULL NAME OF (If not in hospitol or institution, give street oddress or locotion) INSTITUTION C. CITY OR TOWN (If outside city limits, write RURAL and give township)	M.
FULL NAME OF (If not in hospital or institution, give street oddress or location) (If not in hospital or institution, give street oddress or location) (If outside city timits, write RURAL and give township)	Imission)
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HOSPITAL OR oddress or locotion) C. CITY OR TOWN (If outside city timits, write RURAL and give township)	
INSTITUTION INSTITUTION	
D. STREET ADDRESS (If rural, give location)	
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	24 Hrs.
SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years Months: Doys Hours:	Min.
nale colored marrial Set 7-1900 63	
A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?	
FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
FATHER'S NAME	
unkmount mancio mª Riminel	
Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMAN1 ADDRESS	
s, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	
No Klinateth Toalley 2309 Chelser Den	nace
18.44 45 X I CAUSE OF DEATH INTERVAL BETWOONSET AND DE	EEN
DISEASE OR CONDITION DIRECTLY	AIR
LEADING TO DEATH	1
(This does not mean the mode of dying, e.g., DUE TO	
heart failure, asthenia, etc. It means the disease,	
injury or complication which coused death.) ANTECEDENT CAUSES (8) Hypertension 3/15/62-1-	4-60
ANTECEDENT CAUSES (8) DUE TO	
DISEASES OR CONDITIONS, if ony, giving	
rise to the obave cause (A) stoting the (C)	
UNDERLYING CONDITION lost.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location)	
OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?	
21 D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR?	
(APPROX.) While AI Not While At Work	
Work AT WORK	1
22. I certify that (1) (this hospital) attended the deceased fram May 15 1962 to Assembly 30 19	625
that (1) (we) last saw the deceased alive an Sessulest 30 19 65 and that in (my) (aur) apinian death accurred an	the dat
and have and from the causes stated above. (1) (We) (did) (did hat) view the body after death.	
23A. SIGNATURE 23B, DATE SIGNED	
1. 45	7 /
Ovant sulles M.D. Allending Med. Staff Phys. Director Phys.	1966
23C. PHYSICIAN'S 23D. ADDRESS	1
NAME (Type) - M.D. 2(1) 3111 North April 12	
- VAN (1.01/10)	12:16
A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county)	(Stote)
Busine 1-2-16 net helen Court hours	
Burial 1-8-66 Int Colone Cont Balto pu	
Berral 1-8-66 Interfere Cont Balto Me A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. PUNERAL DIRECTOR ADDRESS ADDRESS	1
Burial 1-8-66 Int Colone Cont Balto pu	y de

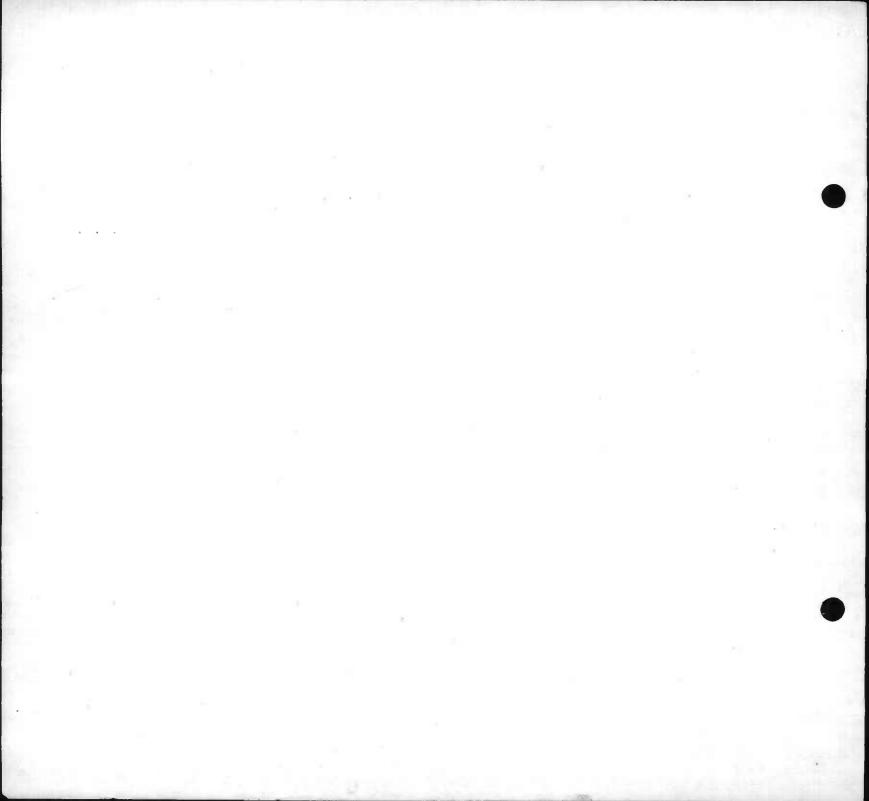


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BALTIMORE CITY HEALTH DEPARTMENT

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Registered	No.O	UUL	L

A.E. CASE NO.	110	CERTIFICA	TE OF DEATH	Registered No.	O O I I I I
NAME OF DECEASED			2. DATE	AND HOUR OF DEATH	
Type or Print) Dorothy	Waters		Jan	uary 3, 1960	6:15p N nstitution: residence before odmission
PLACE OF DEATH IN BALTIMORE, MAI	YLAND		4. USUAL RESIDENCE (WI	here deceased lived. If i	nstitution: residence before admission)
					12-13
FULL NAME OF (If not in hospital of oddress or location	or institution,	give street	Mary L	and	RURAL and give township)
Provident		อไ			KOKAL ond give township!
			Baltin	nore If rurol, give location)	
1514 Divis			D. STREET ADDRESS	it futol, give locotion)	
Baltimore,	Maryl	and 21217		brook Avenu	
SEX 6. RACE		NEVER MARRIED O, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
Female Negro		rced	Jan. 1, 1912	53	
DA. USUAL OCCUPATION (Give kind of work					12. CITIZEN OF
one during most of working life, even if retired)	II a				WHAT COUNTRY?
	Hous	ewife	Maryland		U.S.A.
3. FATHER'S NAME			14. MOTHER'S MAIDEN N	AME	
22.00				0.1.100	
unknowr Wos Deceased Ever in U. S. Armed Force		1 6. SOCIAL	17. INFORMANT	OWN	ADDRESS
es, no or unknown) (If yes, give wor or dote:		SECURITY NO.	- IIII WHITE III	2130	W. Fayette St.
no			Cathleen Cor:	nish-daught	er 566-8141
18. 25-2.0		CAUSE	F DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIR	ECTLY				ONSET AND DEATH
underlying condition lost.			e pulmonary e	dema	
OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING I	TED TO TH	E			
19A. DATE OF OPERATION 19B. CON WAS PERF		WHICH OPERATION	20 A. AUTOPSY? (Yes or	NO) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. hom etc.	ie, lorm, foctory, street, o	in or about 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltimo	re City, give exact location)
21D. TIME (Month) (Day) (Year) OF INJURY	(Hour) 21 E	INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?	
OF INJURY (APPROX)		ile At Not Whi	le 🗀		
	Wo				
22. I certify that (1) (this hospital) attended t	he deceased from $\mathbb{D}_{\mathfrak{S}}$	cember 28,	19 65 to Jan	uary 3, 19 66
that (I) (we) lost saw the decease					
and hour and fram the couses stat					11
23A. SIGNATURE	O O O O O O O O O	, ("e) (did) (did not)	view the body diter dedir	10	23B. DATE SIGNED
CA ISIN	1	M.D. AH	ending Med.	Stoff	ZOR DATE SIGNED
W-1800	DOM	Ph	s. Director	Phys.	January 4, 1966
23C. PHYSICIAN'S NAME (Type)	7		23 D. ADDRESS		
Roger The	odoro	M.D.	1514 Division	Street-Roll	timore 17, Md
4A. BURIAL CREMATION, 248. DATE		AME of CEMETERY of CR		***	
REMOVAL (Specify). Burnel 5A, DATE REC'D BY HEALTH DEPT.	· m	t Caherry	Cont 225C MINERAL DIRECTO	Brookly	City, town, or county) (Stote)
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JAN b 19bb (16 Cas	订车、头	CLUGATO MED	Conoy. C.	Ulson-10	DOE Breentery (1
S 150-REV. 1/1/65	and the state of	and the first	0 1/1		



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Undetermined cause; (5) Deceased

contributing cause

BALTIMORE CITY HEALTH DEPARTMENT Registered NSG CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH 1 NAME OF DECEASED (Type or Print) JOHN H. C. PALTIMORE MARYLAND institution; residence polore admireion) COUNTY (If outside city limits, More FULL NAME OF (If not in hospital or institution, give street 0 HOSPITAL OR oddross or location) RURAL and give township) INSTITUTION (If rurol, give location) made 5. SEX 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. WIDOWED, DIVORCED (specify) Hours Idou IGA. USUAL OCCUPATION (Give kind of work 108, KIND OF 12. CITIZEN OF isposition WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME D 15. Was Deceased Ever in U. S. Armod Forces? (Yes,no or unknown)(III yes, give wor or dotes of service ADDRESS 17. INFORMANT 6. SOCIAL final 2015 W. North CAS WEDICAL SOMINE OF DEATH or ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed EXAMMER'S LEADING TO DEATH (This does not meen the mode of dying, hearl failure, asthenio, etc. It means the dise injury ar camplication which coused death.) ANTECEDENT CAUSES EDECAL are ASST DISEASES OR CONDITIONS, if any, rise to the above couse (A) slating remains UNDERLYING CONDITION last CHIEF CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. the 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH 20 A. AUTORSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before 2TA. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C, WHERE DID home, lorm, factory, street, office bldg., INJURY OCCUR? (If in Boltimoro City, give exact location) DEATH (notify modical examiner) otc.) MEDIC/ obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not White (APPROX.) At Work Work 22. I certify that (1) (this hospital) attended the deceased from that (1) (we) last saw the deceased alive on 19 pe ond that in (my) (our) apinion death occurred on the date and hour and from the causes stated above. (1) (We) (did) (did nat) view the body after death. must 23A. SIGNATURE 23B, DATE SIGNED Attending Phys. Med. Director Stoff M.D. approval 23C. PHYSICIAN'S 23D. ADDRESS 24A. BURIAL CREMATION, 248. DATE 24C, NAME of CEMETERY CREMATORY 24D. LOCATION REMOVAL (Specily) written BUILD BY Phn

25C. FUNERAL DIRECTOR

ADDRESS

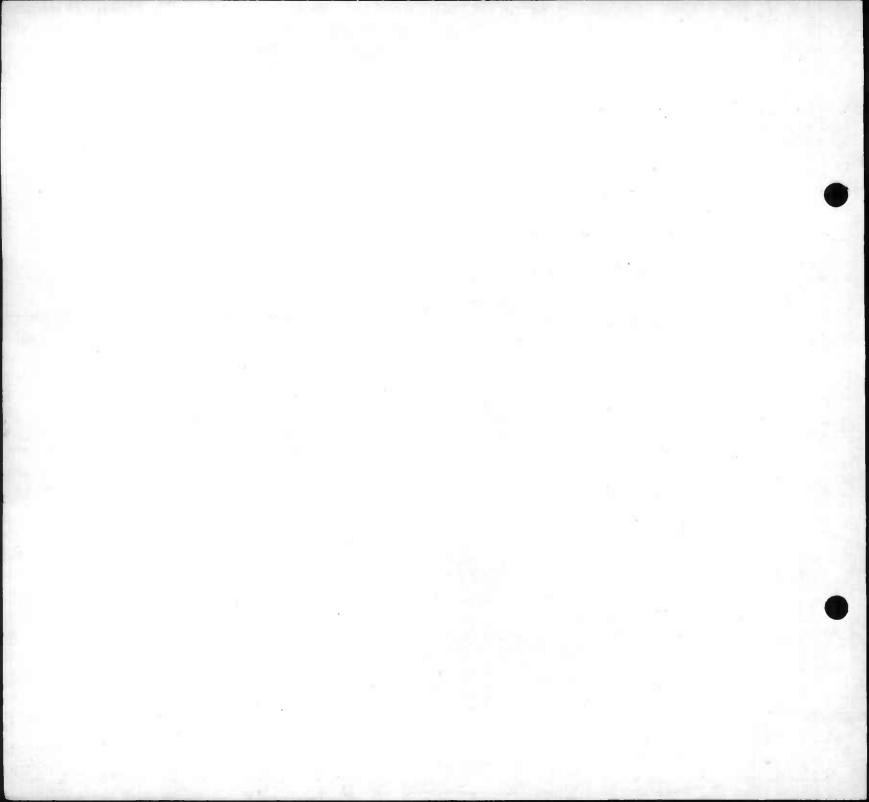
258. NAME OF REGISTRAR

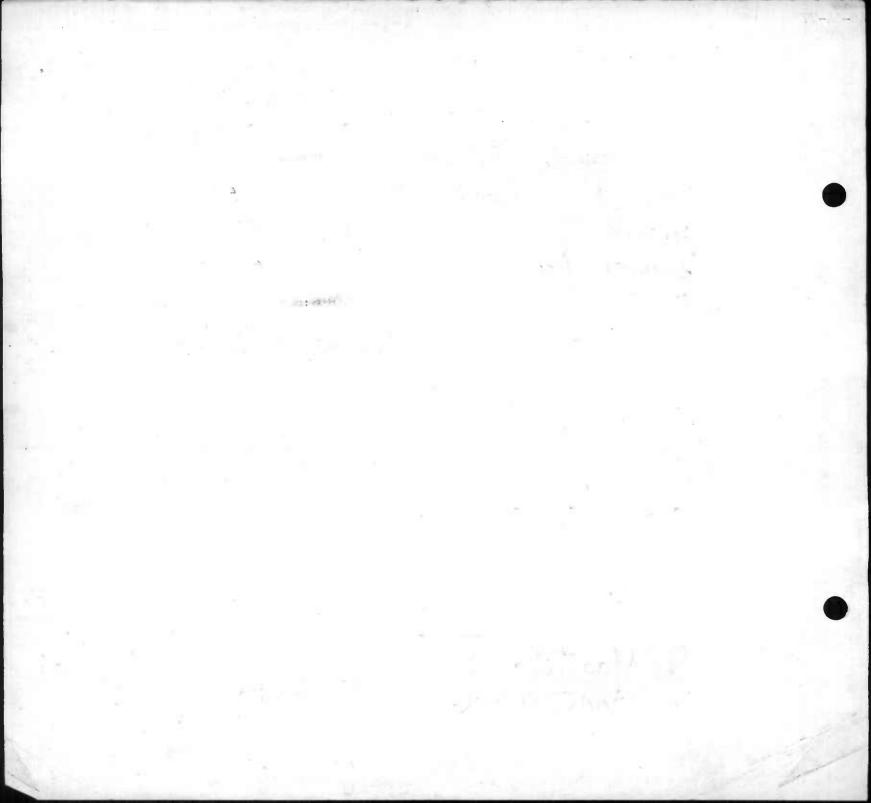
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a hospital and

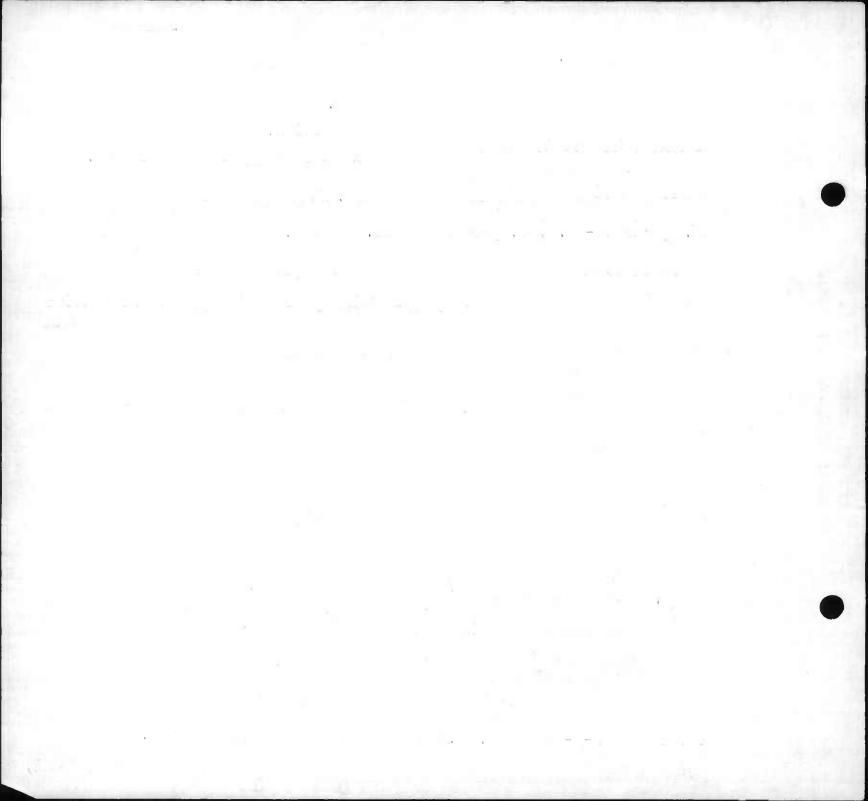
7 1	66 00115	BALTIMORE CITY HEALTH DEPARTMENT	66 00115
204	BIRTH NO.	CERTIFICATE OF DEATH	Registered No.
the	M.E. CASE NO.		ND HOUR OF DEATH
on h. S	Type or Print hos PS B. Sinces	on ta	n. 4 1966 12:25P M
÷ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3. PLACE OF DEATH IN BALTIMORE, MARYLAND		ere deceased lived, Il institution; residence before admission)
cause; (5) Deceased attendance on the ior to death. Such	FULL NAME OF (If not in hospital or institution, give	100	12 1
da	HOSPITAL OR address or location) INSTITUTION		utside city limits, write RURAL and give township)
end to	1	11 BAITIM	040 17-02
d car	3 The Johns Hopkin	JHOSPITH D. STREET ADDRESS (IF	rural, give location)
		J-44 W.	LANUALEST
(4) Undetermined was in regular the deceased prisposition is made.	5. SEX 6. RACE 7. MARRIED, NEV	VER MARRIED 8. DATE OF BIRTH	9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
E Se	MAIG NEGro Widow	11/91	75
in regul deceased tion is ma	IDA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUS	INESS OR INDUSTRY 11. BIRTHPLACE (State or fore	eign country) 12. CITIZEN OF WHAT COUNTRY?
in	(Retired) CATErER Food	Mautreal	CANADA U.S.A.
Un as e Ssit	13. FATHER'S NAME	14. MOTHER'S MAIDEN NA	
l; (4) Undet th was in on the dece disposition	Jaseph Dungan	MIAVIA	
~ E E D	15. Was Deceased Ever in U. S. Armed Forces? 16.	SOCIAL 17. INFORMANT	ADDRESS
- 0 -	(Yes, no ar unknown) (If yes, give war ar dates of service)	SECURITY NO.	11001 DI
C :=		CAUSE OF DEATH	ON - 4901 FilgriM INTERVAL BETWEEN
a de e	18. 0 42.01	CAUSE OF DEATH	ONSET AND DEATH
- C 0 D	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	#spiration	Presembrie 24 hrs.
att Ime	(This does not mean the made of dying, e.g.,	(B) Salmonella	
pro pro bal	heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	5.0.00001	e that of
fracture to prono gular a embalm	ANTECEDENT CAUSES	(B) DOMOBELLO	Ersenus 8 days
A S o o	DISEASES OR CONDITIONS, if any, giving		
S = = 3	uise to the above cause (A) stating the UNDERLYING CONDITION last.	(C)	
. 0 . E	II.		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
and b	O THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
2) Body bure the phyphysician fore the re	198. CONDITION FOR WHITE WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 218. PLA	CH OPERATION 20 A. AUTOPSY? (Yes or N	o) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
Bo th thys	W 21A A COLDENT WAS HADDERLYING TO 1218 BLA	SE OF INJURY A - is at about 21 WHERE DAD	(If in Boltimore City, give exact location)
0 0 0	OR CONTRIBUTING CAUSE OF home, f	CE OF INJURY (e.g., in or obout 2) C. WHERE DID orm, foctory, street, affice bldg., MJURY OCCUR?	the months of the control of the con
ept whe	O .		
axcept wand (6) Nobtained	OF INJURY	URY OCCURRED 21F. HOW DID IN	JURY OCCUR?
nd Ce	(APPROX.) While A	At Work	
ex an obt	22. I certify that (I) (this hospital) attended the d	eceased fram 12/26	19 65 10 19 4 19 66
0 0	that (1) (we) last saw the deceased alive an	19 le Q and 1	hat in (my) (aur) opinian death accurred an the date
t to	and haur and from the causes stated above (1) (W	e) (did) (did nat) view the bady after death.	
accident of a hospital or to death)	23A. SIGNATURE		238 DATE SIGNED
ccide a hos to d al m	Zi Eugene tan	M.D. Attending Med. Director	Stoff Phys.
ac t a	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS	1. 1 -1
1) An a b.A. at d d prior approv	6. Eugeno, Pi	SEU SV. M.D. DOMSHOOM	Pens Homilal
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME	CEMETERY OF CREMATORY 240.	LOCATION (City, lown, or county) (State)
D.O.0	BURIAL 1-7-66 Mt.	AUDURN	followord and
2 6 6	25A. DATA REC'D BY HEALTH DENT. 25B. HAME OF R	EGISTRAR 2SC. FUNERAL DIRECTO	R ADDRESS
was dece writ	aun a 1200 (Perent E. Long	Sey MORTON + Dy	eTT F.H. 1701 LAUrens





FUNERAL DIRECTOR: IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death accurred in a haspital and the body was released to the haspital by a medical examiner. Also, if the direct or cantributing cause af death shows: (1) An accident of any nature; (2) Bady burns; (3) A fracture af any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a haspital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written and the other physician was in regular attendance on the deceased prior to death. Such

66 00117	BALTIMORE CITY	Y HEALTH DEPARTMENT 66 00117	
BIRTH NO. M.E. CASE NO.		TE OF DEATH Registered light	13575
1. NAME OF DECEASED	n	2. DATE AND HOUR OF DEATH	~ ^
3. PLACE OF DEATH IN BALTIMORE MARYLAN		14. USUAL RESIDENCE (Where decedsed lived, If in	ditution residence before edmission
S. FEACE OF DEATH IN BACHWORE MARIEAN		A. STATE B. COUNTY	A C
FULL NAME DF (If not in hospital or insti	tution, give street	C. CITY OR TOWN (If outside city limits, write I	7 7 0 8
INSTITUTION		Baltimore	TORAL and give township)
Bolton Hill Nursing	Home	D. STREET ADDRESS (If rural, give location)	1
· · · · · · · · · · · · · · · · · · ·		formerly of 5506 Hampr	ett Ave.
a la wa	ARRIED, NEVER MARRIED DOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.
male white s	ingle	Nov. 11,1883 82	
10A, USUAL OCCUPATION (Give kind of work 10B, Ki dane during mast at warking lite, even if retired)		A	12. CITIZEN OF WHAT COUNTRY?
Ret. Employee-111d. 106	· Growers Asso		USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Levin Howard		Mary Elizabeth Wood	
5. Was Deceased Ever in U. S. Armed Farces? Yes, no or unknawn) (If yes, give wor or dates af so	1 6. SOCIAL SECURITY NO.		ADDRESS
no	213054478	Miss Evelyn High 948 +	trgonne Drive
18. 420.0		DF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	Carl	trisclaste Afend Diseas	20 4 eggs
(This does not mean the mode of dying	, e.g.,	Course (1900) Called	
heart failure, asthenia, etc. It means the dinjury or complication which caused death.			
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rise to the abave couse (A) statin UNDERLYING CONDITION last,	g lhe (C)		
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DISEASE DE CONDITION CAUSING IT.			
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME	FOR WHICH OPERATION	20A. AUTOPSY? (Yes at No.) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
U 2TA. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	in ar about 21 C. WHERE DID (If in Baltimare	City, give exact lacotion)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	hame, farm, factory, street, etc.)	office bldg., INJURY OCCUR?	
21D. TIME (Manth) (Day) (Year) (Hau	# 21 E. INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?	1
OF INJURY (APPRDX)	While At Not Whi		
22. I certify that (this hospital) atte			nary 3 19 th
that (We) last saw the deceased aliv	A	19 (aur) api	
and hour and from the causes stated ab	0 1	/	mey doorn occomed on the dor
23A. SIGNATURE	A COUNTY (GILL) (GILL)	view the body offer dediti.	23B. DATE SIGNED
Stanle OF Thom	AD M.D. At	tending Med. Staff Phys.	11511
23C. PHYSICIAN'S	1	23D. ADDRESS	1 100
STANLEY Z. FRIE	OLEG M.D.	1/29 E. Baltinge Bi	etimae 2 MM
24A. BURIAL CREMATION, 24B. DATE	24CHAME OF CEMETERY OF CE	REMATORY 24D. LOCATION (Ci	ty, town, or county) (State)
hunial 1-7-66	Mt. Olivet (e	emetery, Baltimore, 1	nd.
25A, DATE REC'D BY HEALTH DEPT. 25B, N	IAME OF REGISTRAR	25C. FUNERAL/DIRECTOR	ADDRESS
JAN RIGGE DO LO	To Q. 44	THERCICK IN	1 C. Baltimore,
VS 150-REV. 1/1/65	96600	00/16	-

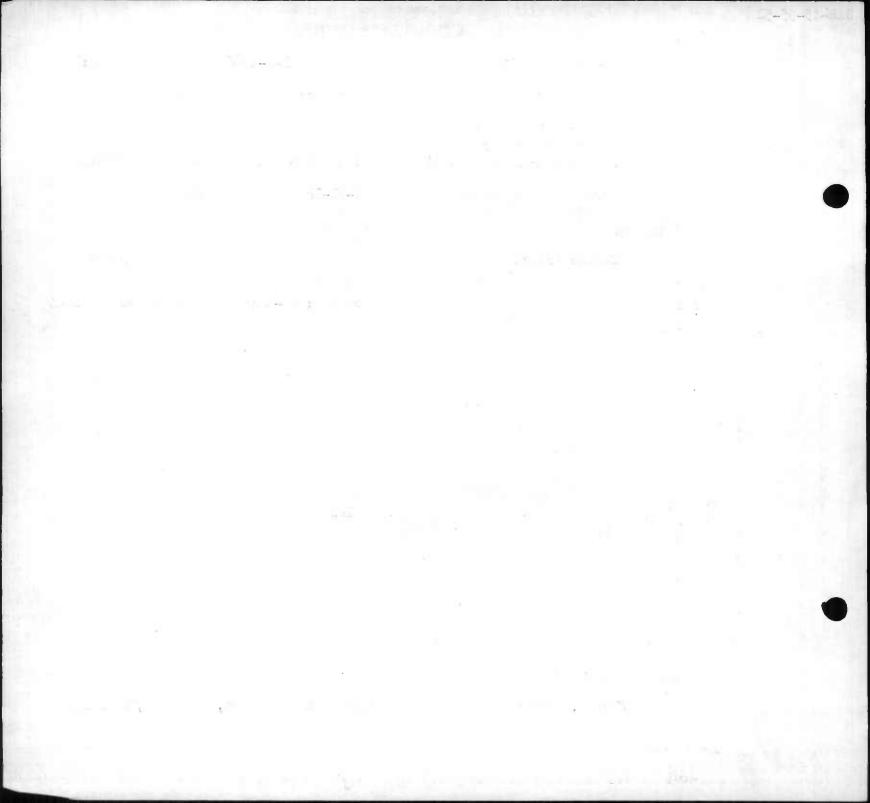


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the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO.		CERTIFICA	TE OF DEA	TH Registered No.	66 00119
M.E. CASE NO. 1. NAME OF DECI (Type or Print)	Thomas Bra	inch, In.	2, [DATE AND HOUR OF DEATH	4:10 A
3. PLACE OF DEA	F (If not in hospital or in oddross or location) Baltimore City 4940 Eastern A Baltimore, Mary	y Hospitals Avenue	c. city or town Baltimore D. Street Address	(If outside city limits, write	RURAL and give township)
5. SEX Male	6. RACE 7. /		B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	PATION (Give kind of work 108, vorking life, even if retired) eman	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Sto) 13. MOTHER'S MAIL	DENNAME	12. CITIZEN OF WHAT COUNTRY? U.S. A.
	Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
Yes	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	JECOKIII NO.	Records:B0	CH-4940 Eastern	Avenue 21224
DISEASES O	of meon the mode of dyiosthemia, etc. If meons the uplication which caused deal antecedent CAUSES OR CONDITIONS, if only, above couse (A) state of the conditions of the conditions content of the conditions conditions content of the conditions conditions content of the conditio	giving ling the (C)	sentil)	Appertenser	4 years
U 21A. ACCIDEN OR CONTRIBU	OPERATION 198. CONDITION 198. CONDITION 198. CONDITION 198. PREFORM 12-29 5 IT WAS UNDERLYING IT WAS CAUSE OF modical examine)	ON FOR WHICH OPERATION MED LINE LACE OF INJURY (e.g., ir hamo, form, factory, street of	Yes 1 or obout 21 C. WHER INJURY OF	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH? re City, give exact location)
21D, TIME OF INJURY (APPROX.)	(Month) (Doy) (Yoot) (H	While At Not While Work Not Work		DID INJURY OCCUR?	
ond hour one 23A. SIGNATU 23C. PHYSICIA NAME (T	from the couses stoted RE John R. Burt	Surface M.D. Atto Physical M.D. M.D. M.D.	iew the body ofter inding Med. St. Address 4940 Easte:	ond that in (my) our operation of Stoff Phys. The Avenue Baltim	
25A. DATE RECO	BY HEALTH DEPT. 258	24C. NAME OF CEMETERY OF CRE NAME OF REGISTRAR E. Harbourn	M) et es su 25c. FUNERAL E	DIRECTOR COCCE	ADDRESS ADDRESS ALL SELECTION



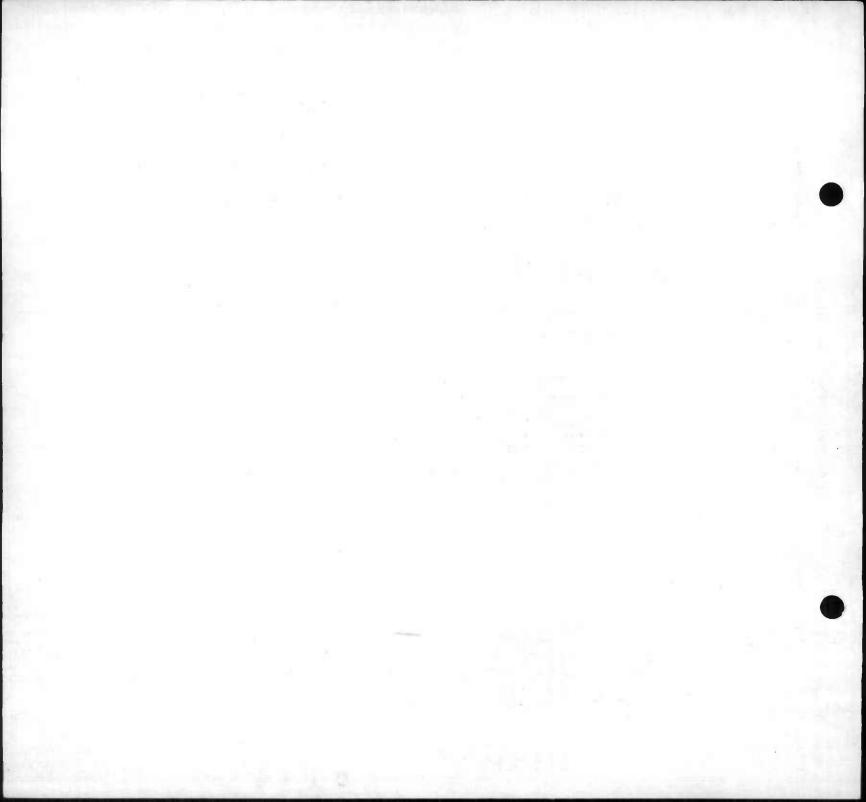
IMPORTANT FUNERAL DIRECTOR:

of death (4) Undetermined cause; (5) Deceased LO hospital eath. ance COUSE Ö attend 9 prior contributing occurred made. regular eceased death disposition ŏ MOS the death UO kind; or final attendance any pronounced Also, embalmed of fracture the chief medical examiner regular ho are 4 3 ල e physician the remains medical burns; physician was Body O be obtained before to the hospital by 3 where ŝ any nature; approved by 9 (except death); and of hospital was released must An accident certificate must 0 written approval a prior at eceased the body D.0. shows: MOS TO

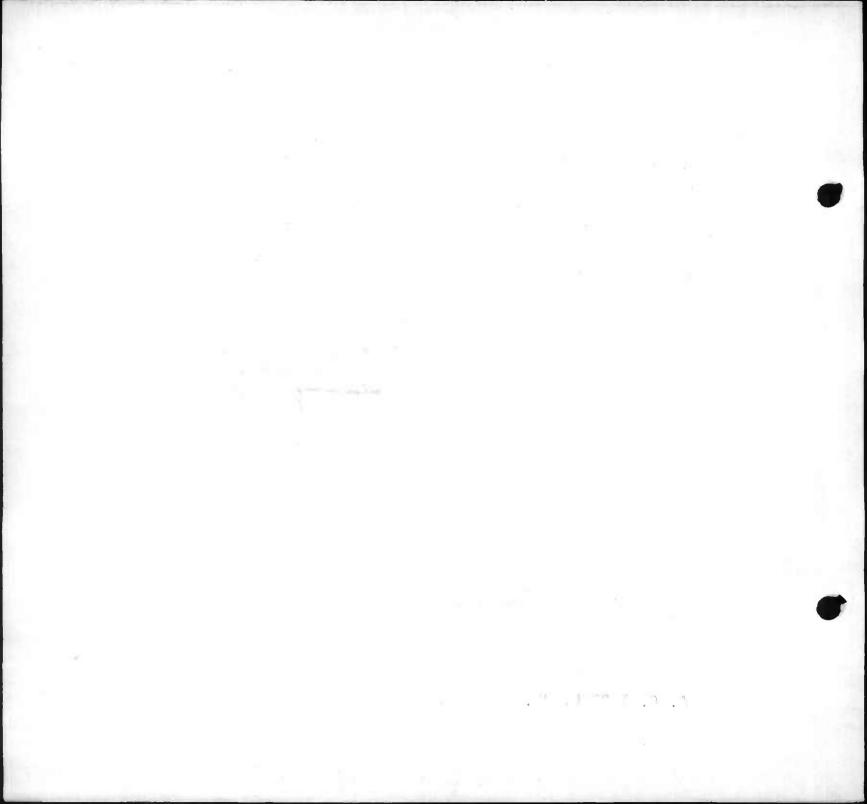
VS 150-REV. 1/1/65

Sucl

BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. ERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) 6 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution; residence perore COUNTY FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) (If outside city limits, write RURAL and give township) D. STREET give location) 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. lost birthdoy Hours WIDOWED, DIVORCED (specify) 6 6 R 4 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 2. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 15. Was Deceased Ever in U. Armed Forces 6. SOCIAL 7. INFORMAN ADDRESS (Yes, no or unknown) (If yes, git wor or dotes of service) SECURITY NO. CAUSE OF DEATH NTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, to the above cause (A) stating the UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO .THE DISEASE OR CONDITION CAUSING IT. OB. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Baltimare City, give exact lacation) MEDICAL DEATH (notify medical examiner) etc.) 21 D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Work 22. I certify that (I) (this hospital) attended the deceased fram that (1) (we) last saw the deceased alive an... and that in(my) (aur) apinion death accurred on the date and have and from the causes stated abave. (1) (We) (did) (400,000) view the bady after death. 23A. SIGNATURE 23 B, DATE SIGNED Attending Med. Stoff M.D. Phys. Director L Phy s. 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) Ô (City, 24A. BURIAL CREMATION, DATE 24D. LOCATION REMOVAL (Specify) ack 6 1966 25B NAME OF REGISTRAR FUNERAL DIRECTOR ADDRESS JAN

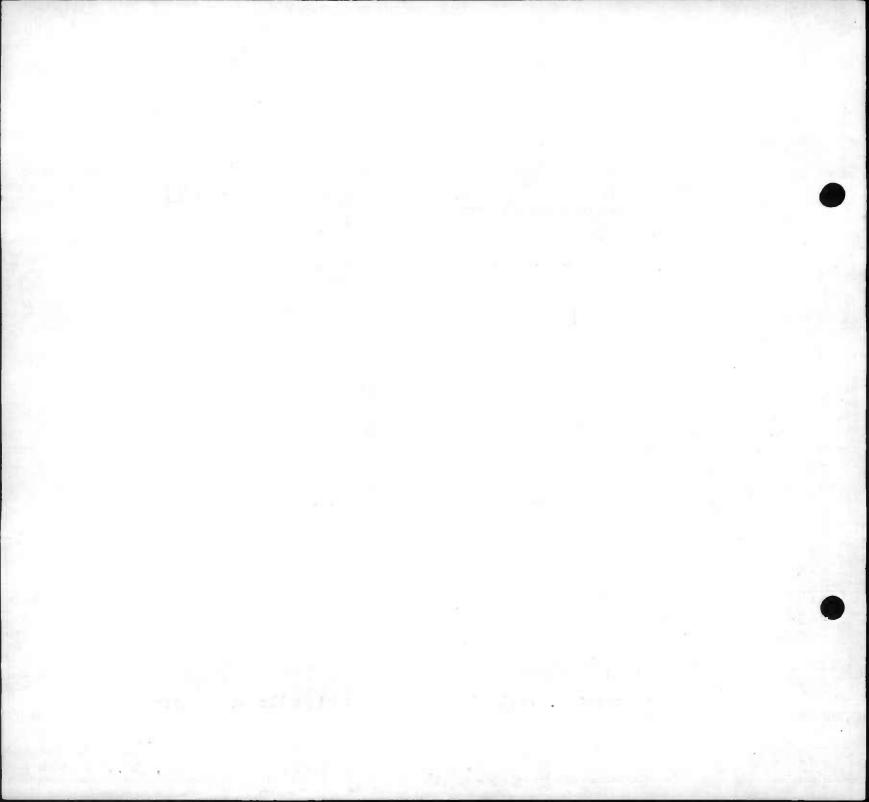


00 00101	BALTIMORE CITY HEALT	TH DEPARTMENT	66	3 00121
IRTH NO. 1.E. CASE NO.	CERTIFICATE (OF DEATH	Registered No.	OULCE
Type or Print) Romay A. Ta	4/00	1/3/	66	4:20 P.
PLACE OF DEATH IN BALTIMORE, MARYLAND	ve street	ary/and	27	tion: residence before odmission
HOSPITAL OR oddress or locotion) /INSTITUTION	B	TIMOVE REET ADDRESS (If ruro		AL and give township)
The Union Memorial	Hospital 8	13 Bezu	umon T	Ave
	ngle Ju	ue 7 1884 10s	82	Under 1 Yr. If Under 24 Hr onths Doys Hours Min.
and during most of working life, even if retired)		Ballmon	<u>'</u>	WHAT COUNTRY?
Alew Taylor	6,	ensautina	spr.	idle
Wos Deceased Ever in U.S. Armed Forces? ex, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	na Knight	1/1	eaumont Ave
18. DISEASE OR CONDITION DIRECTLY	CAUSE OF DEAT	гн		INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH (This daes nat meon the made of dying, e.g., heart foilure, asthenia, etc. II meons the disease, injury ar camplication which caused death.)	DUE TO Pully	int leaps	eteric Uli ge into a	a thembos ed cavity
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the UNDERLYING CONDITION lost.	DUE TO	not		7-0-07-7
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		J		
198. CONDITION FOR W WAS PERFORMED		Yes	208. IF YES, WERE FIND	S OF DEATH?
OR CONTRIBUTING CAUSE OF home, etc.)	PLACE OF INJURY (e.g., in or abo , form, factory, street, office bld	g., INJURY OCCUR?	(If in Boltimore Cit	ly, give exoct location)
OF INJURY	NJURY OCCURRED Not While Al Work	21 F. HOW DID INJUR	Y OCCUR?	
22. I certify that (6) (this hospital) attended the that (6) (we) lost saw the deceosed olive on	//3	9 66 and that	66 to	19 GC on the d
ond hour ond from the couses stated above.	(We) (did) (Month view the	Med. Sic	1 /	B. DATE SIGNED
in Cognition 1	- 1173.		7	710/66
A. C. TIPTON, JR.	M.D. 23D. AD	DDRESS		,
			ATION (City, i	own, or county) Med (Stote)



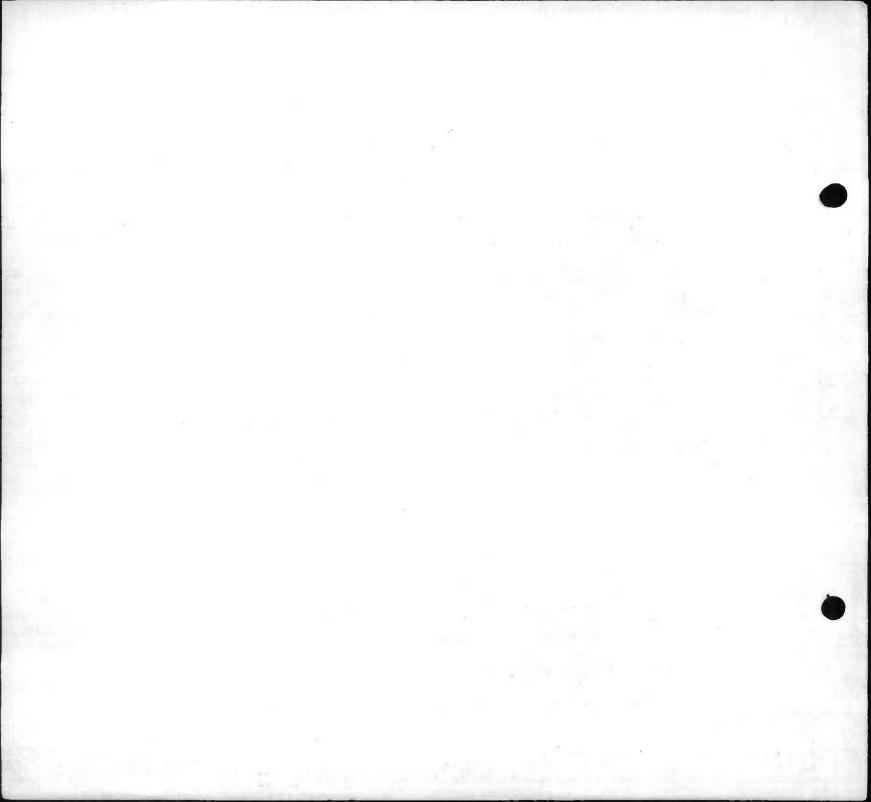
	00 00195	BALTIMORE CITY	HEALTH DEPARTMENT		cc 00122		
	TH NO. 66 00122	CERTIFICA	TE OF DEATH	Registered No	66 00122		
1. 6	E. CASE NO.		2. DATE AN	HOUR OF DEATH	0		
	Pe or Print) MINNA LOWREY		1/3/	65 3	TA. M.		
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	A. STATE B. COUN'		nstitution: residence before admission)			
	FULL NAME OF (If not in hospital or institut	ion, give street	MARYLAND		Coult -		
	INSTITUTION		C. CITY OR TOWN (If outs	side city limits, write	RURAL and give township)		
15			D. STREET ADDRESS (If I	urol, give location)	0000		
	THE JOHNS HOPKINS HO	SPITAL	Box 207				
5.	SEX 6. RACE 7. MARE WIDO		ost birthdoy)	If Under 1 Yr. II Under 24 Hrs. Months: Doys Hours Min.			
	EMALE WHITE WIT	DOW	11-29-74	990 4/			
	N. USUAL OCCUPATION (Give kind of work 10 B. KINI to during most of working life, even if retired)	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?		
		ousewife	Penna.		U.S.A.		
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE			
1.6	CHRISTOPHER DENMARK Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give wor or dates of servi	11 / 20 01 11	WALTLE RAND	ALL	ADDRESS		
(Ye	s, no or unknown) (If yes, give wor or dotes of servi	SECURITY NO.	17. INFORMANT		ADDRESS		
	No	None CAUSE O	Mrs Horace Web	ster 207 Cr			
	DISEASE OR CONDITION DIRECTLY				INTERVAL BETWEEN ONSET AND DEATH		
	LEADING TO DEATH	(A)	IVA		4 days		
	(This does not meon the mode of dying, heart failure, asthenio, etc. It means the dise	e.g., DUE TO	***************************************	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
	injury or complication which coused death.)	injury or complication which coused death.)					
	ANTECEDENT CAUSES	· ·	00 T 00 00 T 0 T 0 T 0 T 0 T 0 T 0 T 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			
	DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the (C)						
	UNDERLYING CONDITION lost.						
z	OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING					
ATIO	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE					
CERTIFIC	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	NO	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?		
	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If in Boltimore	e City, give exact location)		
CAL	DEATH (notify medical examiner)	etc.)					
MEDI	21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?			
2	(APPROX)	While At Not While Work At Work			1-		
	22. I certify that (I) (shis hospital) ottend	ed the decessed from		965 10 11	3 1966,		
	that (I) (we) lost saw the deceased alive	on 1/3	19 6 ond the	ot in(my) (our) opi	nion death occurred on the date		
	and hour and from the causes stated abov	e. (1) (#e) (did) (did not) v	riew the body ofter deoth.				
	23A. SIGNATURE	M.D. Att	ending(Med.	Stoff -	23B. DATE SIGNED		
	23C, PHYSICIAN'S	Phy	s. Director	Phy s.	1/3/66		
	NAME (Type)	5 5 5 120 M.D.	23D. ADDRESS	1. OLLINE	1650		
24/	A. BURIAL CREMATION, 1248, DATE 124	C. NAME of CEMETERY OF CR	EMATORY 24D. 10	CATION (C	ity, town, or county) (State)		
	REMOVAL (Specily)						
25	Burial 1-6-1966 1 A. DATE REC'D BY HEALTH DEPT. 25B. NAI	lound Cemetery	25C, FUNERAL DIRECTOR	liamsport	Penna.		
	JAN 6 1966 R.P. 6 2	Jabou Mit	Lasseho 7	Home 74	0, Belair Rd		
VS	150-REV. 1/1/65	0 4	UTZ				

	BALTIMORE CITY	HEALTH DEPARTMENT	1	VO 1/01/00	
BIRTH NO. 66 00123	CERTIFICA	TE OF DEATH	Registered No.	6 00123	
1. NAME OF OECEASED		2. DATE AN	D HOUR OF CEATH		
(Type or Print) Sim Rus	th Lea	/	12/66	16:30 A.	
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When	e deceased lived. If ins	titution: residence belore admission	
FULL NAME OF (If not in hospital or institu	ution, give street	Marylan	10		
HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN (If out	side city limits, write RI	URAL and give township)	
200 / / // 54	/ //	13cd to me	ora	53-00	
montabello Star	B HOSP		turol, give location)	11 Pd. 22	
E III WID	RRIED, NEVER MARRIED OWED, DIVORCED (specify) Married	6/14/22	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.	
10A, USUAL OCCUPATION (Give kind of work 10B, KINdone during most of working life, even if retired)	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?	
housewite		Baltimore	2	4.5.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ME		
William H. Morga	n	Portia "	Villiams		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of ser	1 6, SOCIAL VICE) SECURITY NO.	THE ORDER OF THE O		AODRESS	
	214-14-24	o William	Jim 260	so W. Lisodiveli	
18. 17 5 0 1	CAUSE O			INTERVAL BETWEEN	
DISEASE OR CONDITION DIRECTLY		, , , , ,		ONSET AND DEATH	
LEADING TO DEATH	(A)	manition			
(This does not mean the mode of dying, heart failure, osthenia, etc. 11 means the dis					
injury or camplication which caused death.)		inomatosis	- mair	1 4 415	
ANTECEDENT CAUSES	(B) CZ/	enornagosis	-00001160)	7 413	
DISEASES OR CONDITIONS, if any,	iving				
rise to the above cause (A) stoling UNDERLYING CONDITION tost.	lhe (C)				
OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO				1.0	
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	20B. IF YES WERE FI	NDINGS CONSIDERED	
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED		210	IN CERTIFYING CAU	SES OF DEATH?	
U 21 A. A CCIDENT WAS UNDERLYING	21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., i			City, give exact location)	
OR CONTRIBUTING CAUSE OF OEATH (notify medical examiner)	home, form, foctory, street, or	ffice bldg., INJURY OCCUR?			
210. TIME (Month) (Doy) (Yeor) (Hour)	210. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?				
\$ 01 1113081	W/L'I- A				
(APPROX)	Work At Work				
22. I certify that (1) (this hospital) attended	ded the deceased fram	27 Dec 1	965 10 2	an 1966	
that (I) (we) last saw the deceased alive	on 2 Jan	19 Colo and the	at In (my) Our apin	ion death accurred an the do	
and haur and fram the causes stated aba					
23A. SIGNATURE	The state of the s	The bady dilat dodilli		23 B, DATE SIGNED	
Rober Robela	M.D. Atte	ending Med.	Stoff Phys.	1/2/66	
23C. PHYSICIAN'S		s. Director 23D. ADDRESS	Phys.	1/-10	
NAME (Type)			Q		
	land M.D.	Montebello			
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 2	4C. NAME of CEMETERY of CRI	EMATORY 24D. LC	OCATION (City	, town, or county) (State)	
Burial 1/6/66	Oak Lawn Ceme	etery Ba	altimore Co	o., Maryland	
	ME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS	
JAN 6 1966 12 0 1 4 80	Jarley Mill	Walter Brook	ks Bradley	,Inc.,Dundalk	
VS 150-REV. 1/1/65	0 0:0 0	10 2 2			
		- No. 100 (c. mg)			

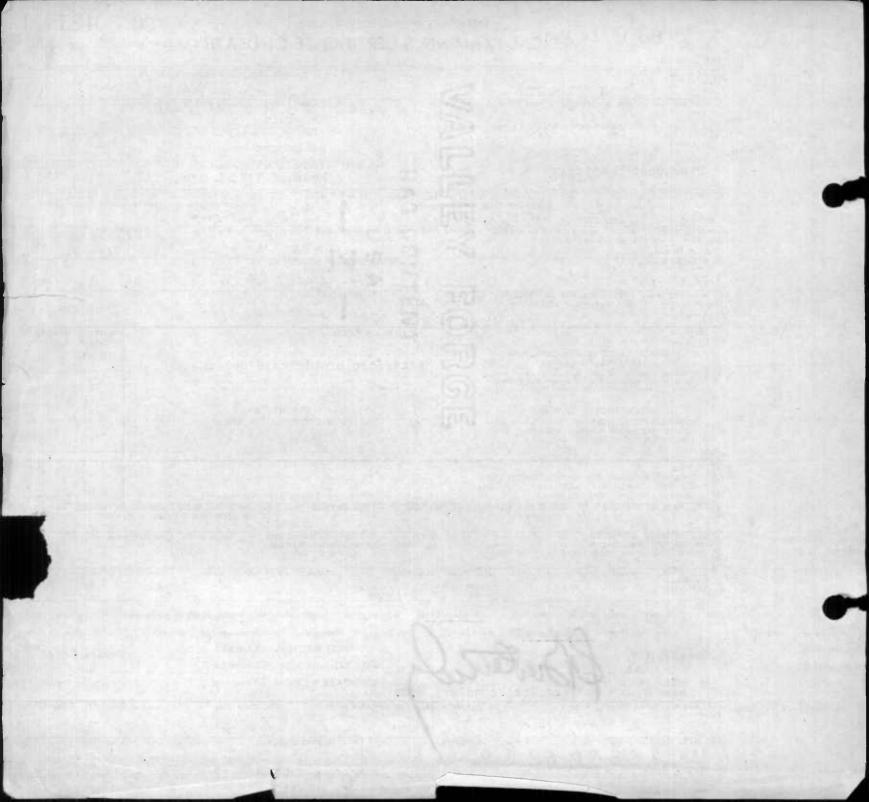


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the contribution. FUNERAL DIRECTOR: IMPORTANT

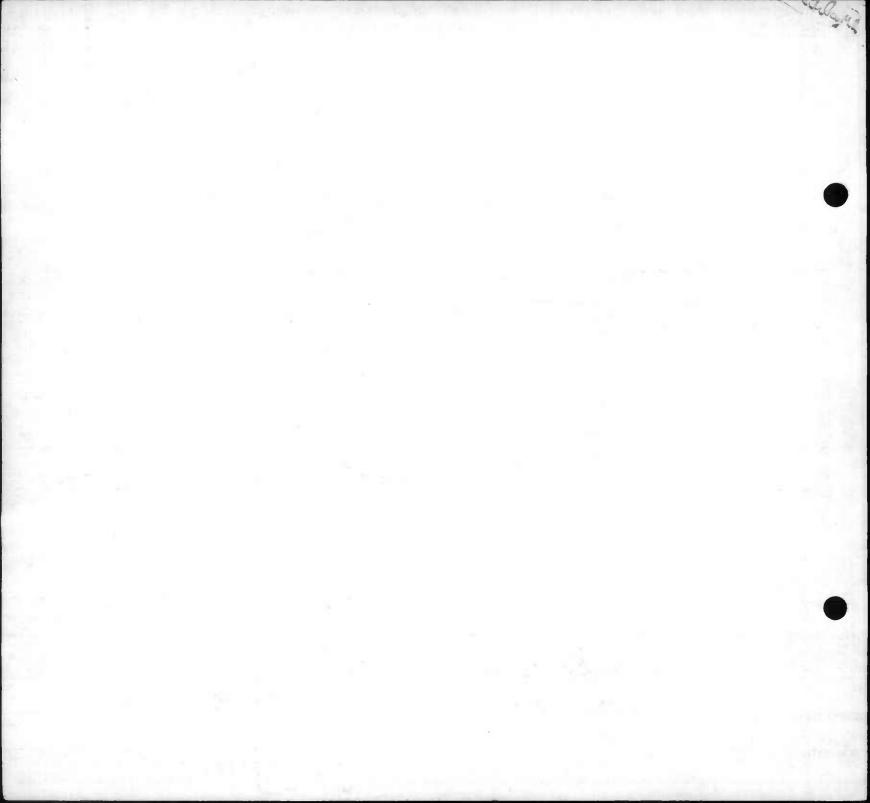
BIRT		
	H NO. 66 00124 CERTIFICA	TE OF DEATH Registered No.
	L CASE NO.	
	AME OF DECEASED	2. DATE AND HOUR OF DEATH
. , ,	WILLIAM HOLSEY	JAN. 3. 1966 6
3. P	LACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admis
		A. STATE B. COUNTY
	FULL NAME OF (If not in hospital or institution, give street	Marelland 2
	HOSPITAL OR oddress or lacation) NSTITUTION	C. CITY OR TOWN, (If outside city limits, write RURAL and give township)
	A	B- Winne
1	Oniversely Hoiselal	D. STREET ADDRESS (If rurol, give location)
3	O' kao cong in j	-C- 0-40 01
		835 Feall at
5. \$	EX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. II Under 24 Months; Days Hours; Mi
	WIDOWED, DIVORCED (specify)	71/100
	M While Wedowed	3/6/77 66
	. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPL'ACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done	e during most of working life, even if retired)	MAI COUNTRY
	Kone	Maryland USA
13. [FATHER'S NAME	14. MOTHERS MADEN NAME
	1/2 talion.	May Berningkan
	VOLL HOLY	
15. V	Was Deceased Ever in U. S. Armed Forces?	17. INFORMANT ADDRESS
15	s, no or you won III yes, give wor or dotes of service) SECURITY NO.	Wassetall D. II.
0.00		HORALLEN KELOLEK
	1B. 2G/ Y CAUSE O	
	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
	LEADING TO DEATH	Ingere Sielle May Ti
	(A)	yourdist infarction
	(This does not mean the made of dying, e.g., DUE 10 heart failure, osthenia, etc. It means the disease,	
	injury or complication which coused death.)	
	ANTECEDENT CAUSES (B) DUE TO	
		27
	DISEASES OR CONDITIONS, if any, giving	1/2
	rise to the above couse (A) stating the (C)	soprolbionbeniaia.
		soprolbrombeniais
	rise to the above couse (A) stating the UNDERLYING CONDITION lost.	soprollionbesisio
NC	rise to the above couse (A) stating the (C)	soprolbiombesiais
TION	rise to the above couse (A) stating the UNDERLYING CONDITION lost. C) Hy OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	soprolbionbesisio
CATION	rise to the above couse (A) stating the UNDERLYING CONDITION lost. CTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
IFICATION	rise to the above couse (A) stoting the UNDERLYING CONDITION tost.	[20A. AUTOPSIZ/Yes or No! 20B. IF YES, WERE FINDINGS CONSIDERED
RTIFICATION	rise to the above couse (A) stating the UNDERLYING CONDITION lost. CTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
CERTIF	TISE IN THE OBOVE COUSE (A) STOTING THE UNDERLYING CONDITION IOST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in	20A. AUTOPST2(Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CERTIF	rise to the above couse (A) stoting the UNDERLYING CONDITION tost.	20A. AUTOPST2(Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CERTIF	TISE IN THE OBOVE COUSE (A) STOTING THE UNDERLYING CONDITION IOST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in	20A. AUTOPST2(Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
DICAL CERTIF	rise to the above couse (A) stoting the UNDERLYING CONDITION tost.	20A. AUTOPSIZI(Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? In or obout 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
MEDICAL CERTIF	TISE TO THE OBOVE COUSE (A) STOTING THE OF INJURY (e.g., in DEATH (notify medical examiner) TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A.DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY	20A. AUTOPSIZ(Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? In or obout 21C. WHERE DID (If in Baltimore City, give exact location) liftice bldg., INJURY OCCUR?
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BIRTH NO.	6 00125 MED	ICAL EX	CAMINER'S C	ERTIFICATE OF I	DEATH Register	ed No
M.E. CASE NO.						
(Type or Print)		וזייי		2. DATE AND HOUR PRONOUNCED DEAD		
3. PLACE IN BA	LE ROY SM		UNCED DEAD		ry 6, 1966	tution: residence before admission)
				A. STATE Maryland	B. COU	NTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
Provide	ent Hospital			D. STREET ADDRESS (If rurol, Rear of 1	give locotion) 133 Laurens	St.
5. SEX male	6. RACE	WIDO WED,	NEVER MARRIED DIVORCED(specify)	12/25/1906	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months, Doys Hours Min.
IOA. USUAL OC	CUPATION (Give kind of world			11. BIRTHPLACE (State or foreig	in country)	12. CITIZEN OF WHAT COUNTRY?
LaBOR	f working life, even if retired)			CALUEAT LO	·MI	WHAT COUNTRY!
13. FATHER'S NA	ME		25-25	14. MOTHER'S MAIDEN NAM	E	
45NA	M DWILH			GRACIE /	FOLLAND	
	SED EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT	(ADDRESS
ND	, , ,	2/	4-10-3052	JOHN SMITH 2	233 a. JA	RATOGR ST
1B. 1/2			CAUSE	OF DEATH		INTERVAL BETWEEN
DISE	ASE OR CONDITION DI	DECTIV				ONSET AND DEATH
	LEADING TO DEATH		(A) Arter	iosclerotic card	iovascular d	lisease
heort failur	not meon the mode of re, osthenio, etc. It meons complication which coused	the diseose,	DUE TO			
RISE TO T	ANTECENDENT CAUSE OR CONDITIONS, IF A THE ABOVE CAUSE (A) S ING CONDITION LAST.	NY, GIVING	(B) DUE TO			***************************************
	mo combinion tasi.		(C)			
	II GNIFICANT CONDITIONS					
TO THE	DEATH BUT NOT RE OR CONDITION CAUSING		THE			
—	OF OPERATION 198. CON	IDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20 B. IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS CONSIDERED ES OF DEATH?
UNDERLYING	AL CAUSE WAS DOR CONTRIB- USE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., form, foctory, street,	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore City, giv	re exoct locotion)
21D TIME	(Month) (Doy) (Yeo	r) (Hour) 2	TE. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY (APPROX.)		,	WHILE AT NOT	WHILE		
22.			WORK LAT W			
1 ce	ertify that I held on I	nquiry	Inspection X Au	topsy and that on th	is bosis, death in m	y opinion
resi	ulted fram: Natural co	uses X	Accident Suicld	le Homicide	Undetermined monne	r 🗆
		4	- //	CHIEF MEDICAL EX		DATE SIGNED
SIGNA		harte	W M.D	ASSISTANT MEDICAL EX	AMINER X	
EXAM	NER'S	Breite	necker, M.D.	ASSOCIATE MEDICAL E	XAMINER	1-6-66
23A. BURIAL CE REMOVAL (Spec		23	C. NAME OF CEMETERY	or CREMATORY 23D. L	OCATION (City,	town, or county) (Stote)
Burn	1/9/19	66	my Call va	3	act mt.	1,225
24A. DATE REC'	D BY HEALTH DEPT.	24B. NAME	OF REGISTRAL	24C. FUNERAL DIRECTOR		ADDRESS
JAN 3	1966 Robert	r E, Jah	Deaghai /	markere,	Pollarges 6	30NGILMON
VS 151-REV. 1/	1/65	1 7	h 6			



HRTH NO.	CEDTIFICA	TE OF DEATH Registe	ored No. GC 0012G
M.E. CASE NO. 66 0012	6 CERTIFICA	2. DATE AND HOUR O	
	ERNSTEIN	JANUARY 6	
PLACE OF DEATH IN BALTIMORE MARYLAND	ZNNGILIN	4. USUAL RESIDENCE (Where deceased	fived. If institution: residence before admission
FULL NAME DF (If not in hospital or institut	tion give about	A. STATE B. COUNTY	15-11
HDSPITAL DR oddress or locotion)	fion, give street	C. CITY OR TOWN (If outside city lim	its, write RURAL and give township)
	1	BALTIMORE	
HOIZ OAKFORY	HUE.	D. STREET ADDRESS (If rurol, give lo	cotion)
		4013 OAKFORD	AU E
WID:	RIED, NEVER MARRIED OWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In lost birthdoy)	
TEMBLE WHITE WAS AND	DOE BUSINESS OF INDUSTRY	JUNE 5, 1898 67	12. CITZEN OF
one during most of working lite, even if retired)	D OL BOSHAESS OK HADOSIKI		WHAT COUNTRY?
NONE		TOLAND	U.S.A
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
ABRAHAM		GOLDA	
i. Was Deceased Ever in U. S. Armed Forces? es, no or unknown) (If yes, give war or dates of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		MRS. NEUBEN TROPER.	- 3313 HILLSMERE Kr
18.442 X VI 260 X	CAUSE O	F DEATH	INTERVAL BETWEEN
DISTASE OR CONDITION DIRECTLY	4	stenenie arterioicles	ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying,	(A) AYRU	renewe asterwice	our 10 yrs.
heart failure, osthenio, etc. 11 means the disc	ease,	eart disease	
injury ar camplication which caused death.)			
ANTECEDENT CAUSES	OUE TO		
DISEASES OR CONDITIONS, if ony, gi			
UNDERLYING CONDITION (asi.	(0)		
II .		10 - 0 -0-	
OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO	UTING OTHE OLA	beter Mellitus	15 MAS.
DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 19B. CONDITION I	FOR WHICH OPERATION		S, WERE FINDINGS CONSIDERED
21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., in	n or about 21 C. WHERE DID (If i	n Boltimore City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, of	fice bldg., INJURY OCCUR?	
21 D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	215 40 4 515 10 11 12 4 6 6 6 11	
OF INJURY	While At Not While	21F. HOW DID INJURY OCCUI	K?
(APPROX)	Work At Work		0
22. I certify that (I) (this hospital) attend	led the deceased from		Yam. 6. 1966
that (I) (we) last saw the deceased alive	on you, 4,	19 66 and that In (my)	(our) opinion death occurred on the c
and hour and from the couses stated above	//	iew the body after death.	
23A. SIGNATURE n	0 '	7	23B, DATE SIGNED
Cheaning Malalat	DIAL M.D. Alle	Med. Stoff Phys.	1/6/60
23 C. PHYSICIAN'S		s. Director Phys. 23D. ADDRESS	1/6/66
23 C. PHYSICIAN'S NAME (Type)	20000	FRAM / INFA-W 11	1211- A 1- 7
IVIAKVIN GOL	USTEIN M.D.	5074 MIBERTY ME	14HTS MUE/
-REMOVAL (Specify) / 7/10//	IC. NAME of CEMETERY of CRE	-17	(City, lown, or county) (Stote)
BURIAL 1/7/1966	ROSECHLE	Balto	2
man in a land	ME OF REGISTRAR	2SC. FUNERAL DIRECTOR	ADDRESS
JAN 7 1966 P.O. F.E.	Fallsums .	SYLUAN'S. LEWIS + So	J - 3319 OLYMPIA HUE
'S 150-REV. 1/1/6S		0 2 5	



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

66 00127 BALTIMORE CITY	HEALTH DEPARTMENT	20 0040-
BIRTH NO. CERTIFICA	TE OF DEATH Registered No.	66 00127
M.E. CASE NO.		
1, NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH	Α
JIX HOMAS	1-4- 16	2:40 PM
S. PLACE OF DEATH IN BALLIMORE, MARILAND	A. STATE B, COUNTY	ulion; residence before odmissian)
FULL NAME OF (If not in hospital or institution, give street	MARYIAND	ケーロシ
HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RUR	AL ond give lownship)
	BATIMORE	
CHURCH HOME of Hosp.	D. STREET ADDRESS (If rupal, give locotion)	
	1800 E. PRATT ST	
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years If lost birthday) , M	f Under 1 Yr. If Under 24 Hrs.
M WIDOWED	12-18-8/ 84	
OA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	Manufaced	11 6 4
CESTAVRANT UWWEN	14, MOTHER'S MAIDEN NAME	V 311
K		λ
FRANK DIX	VERONICA WROELSKY	DECEASED
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT 02/2	3 / ADDRESS
130	LILIAN LAWRENCE	1800 E. Penti
18. 2 2 0 X 1 210, 20 CAUSE O		INTERVAL BETWEEN
		ONSET AND DEATH
LEADING TO DEATH	LUDENENSION	
(This does not mean the mode of dying, e.g., (A) DUE TO	HyperTENSION	
heart failure, asthenio, etc. It means the disease, injury or camplication which coused death.)	1 . 1 . 1 . 1	
ANTECEDENT CAUSES (B) 50	BARACH Noid BlEEding	
DUE TO	0	
DISEASES OR CONDITIONS, if any, giving use to the above couse (A) stating the (C)		
UNDERLYING CONDITION last.	XX	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
	MALURIA	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINE IN CERTIFYING CAUSE	DINGS CONSIDERED
NONE	NO	
OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTIONS CAUSE OF C	t of about 21 C. WHERE DID (If in Bottimore Ci-	ity, give exact facation)
DEATH (notify medical examiner) NONE etc.)	NONE	
21 D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURED	21F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.) White At Not White		
WOIK AT WORK	1	1/ 1/ 22
22. I certify that (I) (this haspital) attended the deceased fram	VAA/- 19 65 to VA/	1 19 65.
that (I) (we) last saw the deceased alive an VHV	19 66 and that in(my) (aur) apinia	n death accurred an the date
and haur and from the causes stated above. (1) (We) (did) (did not) v	iew the bady after death.	
23A. SIGNATURE	23	B. DATE SIGNED
M.D. Atte	ending Med. Stoff Phys.	1-11-65
23C. PHYSICIAN'S	23D. ADDRESS	7 00
NAME (Type) DA. H. FAIE Of M.D.	MED DETS BIDG	
DR FI IRIZ	1700.170.100	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CRE REMOVAL (Specify)	MATORY 24D. LOCATION (City,	town, or county) (Stote)
Burial 1-8-66 Holy Rosary	Im. Baltimore	Co. Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	C ADDRESS
JAN 7 1966 (7.0. 4 8 Fallyman	Illm. Fiallbrushi 20	the 2011 212 31
VS 150-REV. 1/1/65	0 0 2 0	A LAIR WALL

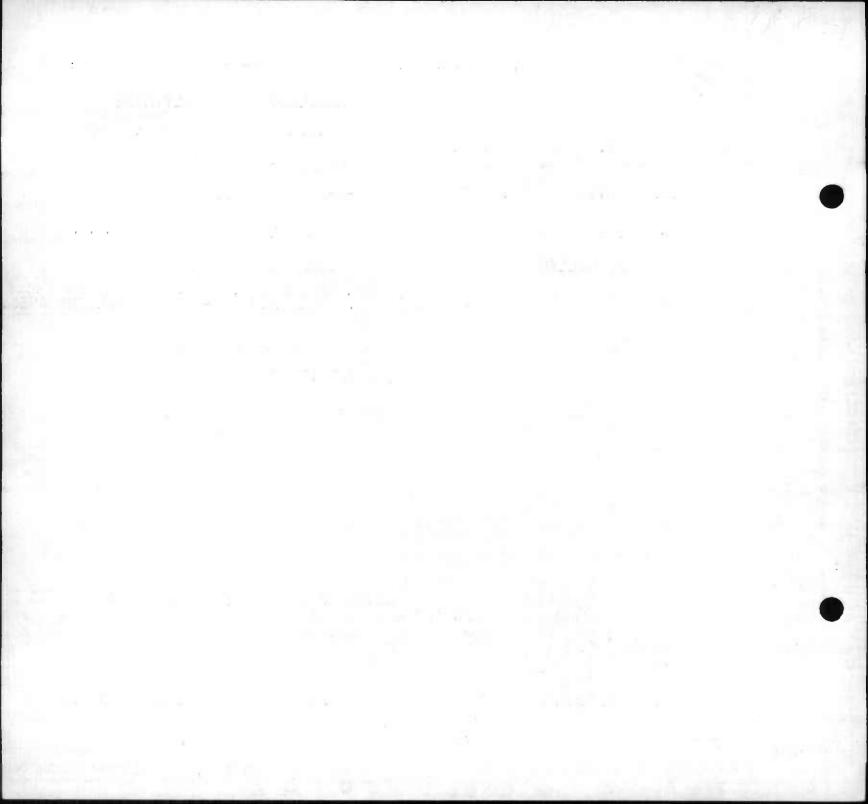
34 ... 48 Chear hade " 1107 IN CO FRANT IT 13-18-81-61 Notes Asi Redform Duncer FRANK DIK Versing have Liler Low Com 125 March 1964 Subseque view some HERRIGARA NEVE 2.95% 400 4 40 1014 (deblumate) De H Fried

VS 151-REV. 1/1/65

NAME OF DECEASED ype or Print) EVELYN	SPICER	2. DATE A	ND HOUR PRONOUN	
PLACE IN BALTIMORE, MARYLAND, WE		4. USUAL RESIDENCE (Whe		nstitution: residence before admi
JLL NAME OF (IF NOT IN HOSPITA OSPITAL OR ADDRESS OR LOCA'	L OR INSTITUTION, GIVE STREET TION)		side corporate limits, w	vrite RURAL and give township)
		D. STREET ADDRESS (If rur		200
Sinai Hospit		3605 01	ipper Mill	Rd.
female white	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify) Married	Jan 23,1910	9. AGE (In year last birthday)	
A. USUAL OCCUPATION (Give kind of work ine during most of working life, even if refired) Inspector FATHER'S NAME	Hooper's Mills	Maryland		12. CITIZEN OF WHAT COUNTRY?
Zachariah Wheat	FORCES? 116. SO CIAL	Ellen Crawfo		AD DRESS
es, no orunknown) (If yes, give war or dates			cer. 3605	Clipper Road
	FOTIV			
DISEASE OR CONDITION DIR LEADING TO DEATH (This does not meon the mode of heart failure, asthenia, etc. It means injury or complication which caused d ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) ST. UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS (TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING	dying e.g., the disease, eath.) NY, GIVING ATING THE CONTRIBUTING ATED TO THE	chopneumonia		
CADING TO DEATH (This does not meen the mode of heart failure, osthenia, etc. It means injury or complication which caused described by the control of the	dying e.g., the disease, eath.) NY, GIVING ATING THE CONTRIBUTING ATED TO THE IT. DITION FOR WHICH OPERATION ORMED	20A. AUTOPSY? (Yes or N	IN CERTIFIE CA	AUSES OF DEATH?
LEADING TO DEATH (This does not meen the mode of heart failure, osthenia, etc. It means injury or complication which caused d ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) ST. UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS (TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CONT. WAS PERFULL OF THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CONT. WAS PERFULL OF THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CONT. WAS PERFULL OF THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CONT. WAS PERFULL OF THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING 19B. CONT. CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CAUSING 19B. CONTRIBUTION CAUSING 1	dying, e.g., the disease, eath.) (A) (A) (DUE TO (DUE TO (DUE TO (E) (C) (C) (C) (C) (C) (DUE TO (DUE TO (C) (C) (C) (C) (DUE TO (C) (C) (C) (DUE TO (DUE	20A. AUTOPSY? (Yes or N yes in or obout 21C, WHERE DID	IN CERTIFIE CA	AUSES OF DEATH?
LEADING TO DEATH (This does not meen the mode of heart failure, osthenia, etc. It means injury or complication which caused d ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) ST. UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS (TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CONT. WAS PERFORMED OR CONTRIB-	dying, e.g., the disease, eath.) NY, GIVING ATING THE CONTRIBUTING ATED TO THE IT. DITION FOR WHICH OPERATION ORMED 21B. PLACE OF INJURY (e.g., home, form, foctory, steel, etc.) (Hour) 21E. INJURY OCCURRED	20A. AUTOPSY? (Yes or N yes in or obout 21C. WHERE DID office bidg., INJURY OCCUR?	(If in Baltimore City,	AUSES OF DEATH?
Content of the design of the d	dying, e.g., the disease, eath.) NY, GIVING ATING THE CONTRIBUTING ATED TO THE IT. DITION FOR WHICH OPERATION ORMED 218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED MORE ATED TO THE IT. (Hour) 21E. INJURY OCCURRED NOT WORK ATED TO THE IT. (Hour) 21E. INJURY OCCURRED NOT WORK ATED TO THE IT.	20A. AUTOPSY? (Yes or N yes in ar about 21C, WHERE DID affice bldg,, INJURY OCCUR? 21F. HOW DID IN WHILE ORK topsy X and that an element of the control	(If in Baltimore City, IJURY OCCUR? this basis, death in Undetermined more EXAMINER EXAMINER	AUSES OF DEATH? , give exoct location) n my apinian

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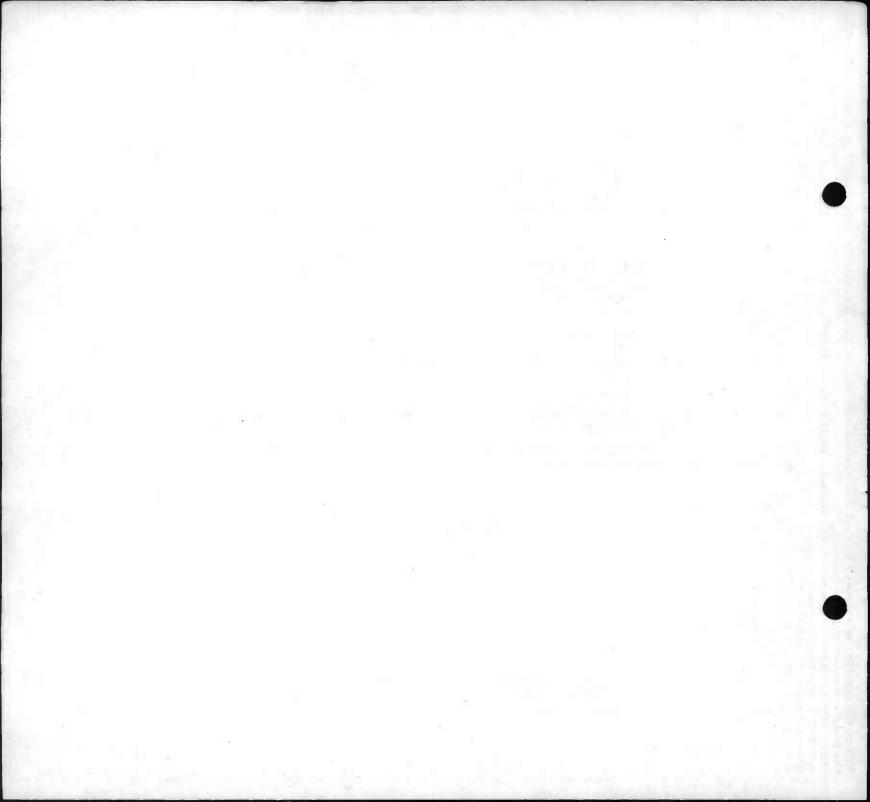
VS 150-REV. 1/1/65



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

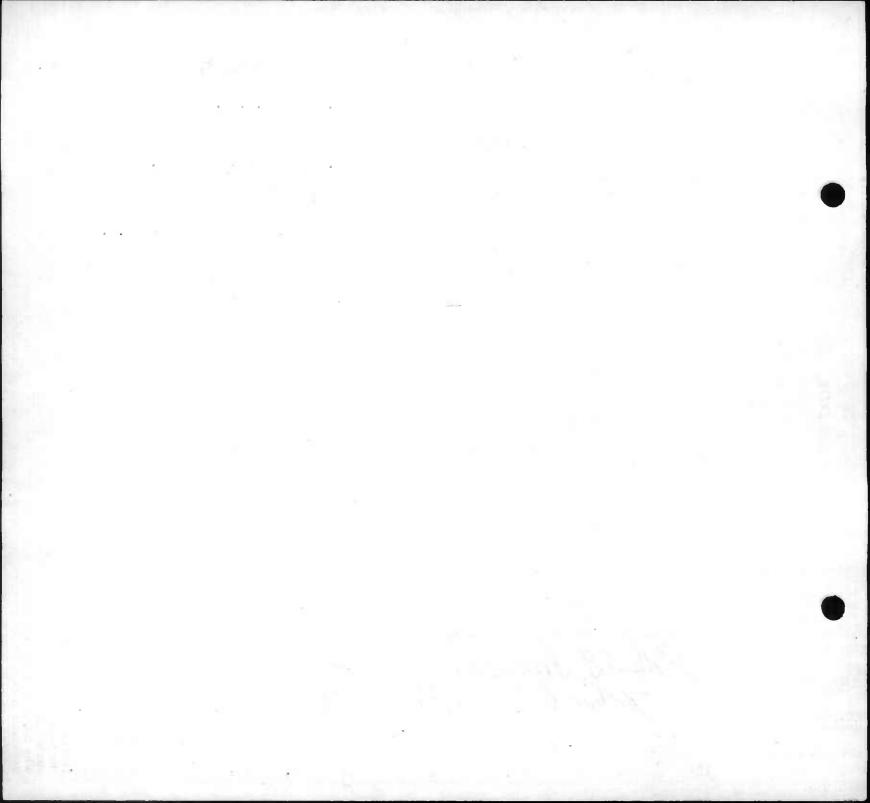
VS 150-REV. 1/1/65

	BALTIMORE CITY	HEALTH DEPARTMENT		20.00.00
BIRTH NO. M.E. CASE NO. 66 00131	CERTIFICA	TE OF DEATH	Registered No.	36 00131
T, NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH IN BALTIMORE MARYLAND	iam H.	SR 1-6-	-	11215 AM.
3. PLACE OF DEATH IN BALTIMORE, MARTLAND		A. STATE 8. COUN		tion: residence before admission)
FULL NAME OF (If not in hospital or institution) FULL NAME OF (If not in hospital or institution) Oddress or location)		C. CITY OR TOWN (If out	side city limits, write RUR	ond give township)
Con Secours Hospit	(a)		Tourol, give location)	19-04
5. SEX 6. RACE 7. MARR	IED, NEVER MARRIED	H	AGE (In worse I II	Under 1 Yr., If Under 24 Hrs.
	WED, DIVORCED (specify)	7-22-08	ost birthdoy)	onths Doys Hours Min.
done during most of working life, even if retired)		II. DIKINFLACE (Store of total)	gn country)	WHAT COUNTRY?
13. FATHER'S NAME	City Sower Dept	14. MOTHERS MAIDEN NAM	late	U.S.A.
117 11 11 11 +	0	16 M 1 2	n E	
15. Was Deceased Ever in U. S. Armed Forces?	Z SY,	17. INFORMANT	7	ADDRESS
(Yes, no or unknown) (If yes, give wor or dates of service	SECURITY NO.	Charl		ADDRESS
NO NONE	CAUSE O	CIMY		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	. CAUSE O	P DEATH		ONSET AND DEATH
LEADING TO DEATH	(A) BR	ONCHOPNEUMOI	VIA BILATERAL	2 Weeks
(This does not meen the made of dying, heart failure, asthenia, etc. It means the dise				
injury ar camplication which caused death,)	100	Pulmonale WI	44 Porcesting Forker	YEARS
ANTECEDENT CAUSES	DUE TO	10/1901UNIE WI	IT CONGESTIVE PRIOR	7077
DISEASES OR CONDITIONS, if ony, giverise to the above cause (A) stating UNDERLYING CONDITION last.	ing Ihe (c) PUL	MONARY EN	1PFIYSEMA	YEARS
_ = 11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE	100		
WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.	IN CERTIFYING CAUSES	INGS CONSIDERED OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)		(If in Baltimore Cit	y, give exoct locotion)
21D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJ	JRY OCCUR?	
(APPROX.)	While At Not While Work Not Work			
22. I certify that (I) (this hospital) attended	d the deceased from	1.19	9 65 10 1	1 6 1 19 66 ,
that (I) (we) lost saw the deceased alive	an	19 66 and the	ot in(my) (aur) oplniar	death accurred on the date
and have and from the causes stated above	o. (1) (We) (did) (did not) v			
23A. SIGNATURE Laws S Rao			/	B. DATE SIGNED
	Phy		Stoff Phys.	1.6.66.
23C. PHYSICIAN'S LAURA SURYA	NANDA RADMID.	BON SE	cours Ho	Spital
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	NAME of CEMETERY OF CRE	MATORY 24D. LC	CATION (City, to	own, or county) (Stote)
BuriaL 1-10-66	Loudon PAR	K. B	PLTIMORE.	NL
25A. DATE REC'D BY HEALTH DEPT. 25B. NAM	AE OF REGISTRAR	25C. FUNERAL DIRECTOR	b HUNSAAL	HON SADDRESS
JAN 7 1966 R.C. 6 4. 40	ASSECTION OF	Agonais Dr. 8	miller 2101 F	which are



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	to dea

BIRTH NO	o.	66 00	132	1	TE OF DEATH	Registered No.	66 0013	2
M.E. CA	OF DECE	A SED/	C		2, DATE A	ND HOUR OF DEATH	1	
(Type or	Print)	1001115011-	JUZ	anne (Sus	an Marie) Ja	nuary 2, 19	66	10 R N
B. PLAC	E OF DEA	TH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (WI	ere deceased fived. If	institution: residence t	pefore odmission)
HOSPI	NAME OF	(II not in hospital oddress or location	or institution, g	ive street	Md	utside city limits, write	RURAL and give tow	rnship)
>				3	Glen Burnie D. STREET ADDRESS (0 2	-00
0	Sout	th Baltimore	Hospita.			119, Solly	Rd.	
. sex Fema		6. RACE White		NEVER MARRIED , DIVORCED (specify) Led	June 19, 1943	9. AGE (In years lost birthday) 22	If Under 1 Yr. Months Doys	If Under 24 Hrs lours Min.
			108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or lo	reign country)	12. CITIZEN OF	ITBV2
	ng most of w OUSEWI	rorking tife, even if retired)			Baltimore, 1	Maryland	U.S.	VIKI?
	ER'S NAM				14. MOTHER'S MAIDEN N.		0.0	
					Helen Rich			
		Shimminger				ict apoil		
es, no o	r unknown)	Ever in U. S. Armed For (If yes, give wor or date	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRES	S
N	0				James Junior	Robinson -	(same)	
18.	101	V 1		CAUSE O	F DEATH		INTERVA	8 ETWEEN
	DISEAS	OR CONDITION DI	ECTLY '		iamus cell cervix, uter pelvis	0 '	ONSET A	ND DEATH
		LEADING TO DEATH		1 Squ	samus cell	Coremoma	12/	405.
		ot mean the mode of		DUE TO	cervil utes	1 E Some	2	
		asthenio, etc. It meons plication which caused			pelvis	7,00		
	A	NTECEDENT CAUSES		(B)				
Dist		R CONDITIONS, if		DUE TO				
		obove couse (A)		(C)				
UN	DERLYING	CONDITION last.			TO COME OF THE STREET OF THE S			
10	THE DE	II FICANT CONDITIONS CONTROL EATH BUT NOT RELA CONDITION CAUSING	ATED TO THE					
			DITION FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes or	10 CERTIFYING CA	FINDINGS CONSID- AUSES OF DEATH?	ERED
OR OR	ACCIDEN CONTRIBUTH (notify	T WAS UNDERLYING TING CAUSE OF	21 B. hom etc.)	e, lorm, loctory, street, of	n or obout 21C. WHERE DID INJURY OCCUR?	(If in Sottimo	re City, give exact le	ocotion)
21 D.	TIME	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?		
G OF I	NJURY ROX.)		Whi	le At Not White	e 🗀			
APP	ROL)		Wor	k At Work		-		
22.	I certify	that (1) (this baspite	+) attended th	ne deceased from	Dec_	19 65 10 3	1 Dec	19 6 5
that	(1) (we)	last saw the decease	d alive on	31 Dec	19 6 5 ond	that in (my) (our) ap	inion death accur	red on the do
and	hour and	from the couses sta	red obove. (I) (We) (did) (did not) v	iew the body ofter deoth			
	SIGNATU		7			•	23B. DATE SIGNED	
	AH	hul I for	wins	Phy		Stolf Phy s.	3 Jan	,66
	PHYSICIA!		? Sin	INSKI M.D.	836 Pai	- Kave	2/201	
4A. 8U	RIAL CREA	AATION, 248. DATE	24C. N A	ME of CEMETERY of CRE	MATORY 24D.	LOCATION (City, town, or county)	(Stote)
-	MOVAL (S		1066 P-	Ttimone Nati-	nol Comptant	En 7 + i mana	Manaland	
	rial	Jan.6,		ltimore Natio	25C. FUNERAL DIRECTO	Baltimore,	raryland	DECC
JAN	7	1966 Robert	268. NAME	AN COLO		nce, 4001 R		
S 150-1	REV. 1/1/6	5						



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased IMPORTANT FUNERAL DIRECTOR:

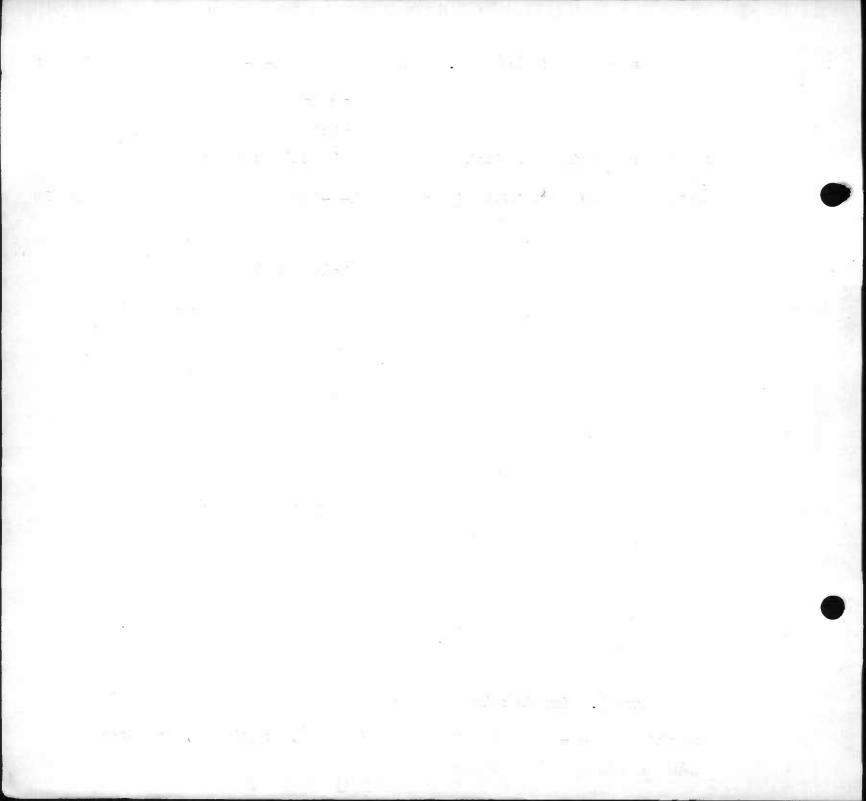
			BALTIMORE CITY	HEALTH DEPARTMENT	1	
BIRTH NO.	66 00133	3	CERTIFICA	TE OF DEATH	Registered No.	00133
I. NAME OF				2. DATE A	ND HOUR OF DEATH	
(Type or Print)	REISBERG .	JAMES	R.	1/2	4/66	1740 M
3. PLACE OF	DEATH IN BALTIMORE, MA					tution: residence before admission)
				A. STATE B. COUL	NTY Pall:	6
FULL NAM		or institution, giv	e street	MP.	DALTIMO	Re C.
HOSPITAL (1)		C. CITY OR TOWN (If or	utside city limits, write RU	RAL ond give township)
/				MARRIOTT	5 VILLE	2-3-00
CINIDA	MEMORIAL	1405 P			rural, give lacation)	0
0,10,10,10				/1/2	ande Chan	1 Road
5. SEX	6. RACE	TO AA ARRIED N	EVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
		WIDOWED,	DIVORCED (specify)	12/2/22	lost birthday)	Months Days Hours Min.
M	W		M	12/5/28	37	
	CCUPATION (Give kind of work	10B. KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF
done during mos	st of working lite, even if retired)			man lan	1	WHAT COUNTRY?
BUSINE		CONSTA	RUCTION	11/4/24/14/1	4	Q.5. H.
13. FATHER'S	NAME			14. MOTHER'S MANDEN NA	ME	
11,1	2 Parker	^ .		Rith D	20 /1520	
1100	40 VEISPOI	-9	(17. INFORMANT	on Green	ADDRESS
(Yes, no or unkn	aged Ever in U. S. Armed For own) (If yes, give war ar date	s of service)	6. SOCIAL SECURITY NO.	0.0	0.1	A4
Yes	KOREAN (an Click	216-26-428	b IIIRS Milele	ed Reisburg	- MARRICHEU.II.
18. / G	MOREHN C	6117 1161	CAUSE O		CCI MCISOUR	INTERVAL BETWEEN
	0,4		CAUSE	DIAIN	-	ONSET AND DEATH
DIS	EASE OR CONDITION DI	RECTLY				
(7)	LEADING TO DEATH	1.	IAV SOBAL	BLE METASTAT	IC MELANO -	IYR APPROX
	es not mean the mode of ure, asthenio, etc. It means		DUE TO 5	ARCOMA		
	camplication which caused					
	ANTECEDENT CAUSES		(B)			
DISEASE			DUE TO			
	S OR CONDITIONS, if the above cause (A)		(C)			
	TING CONDITION lost.	Jiding in	161			
Z CTUES S	II	CALTRIBUTING				
	IGNIFICANT CONDITIONS C					
DISEASE	OR CONDITION CAUSING			7.4.4		
19A. DATE	OF OPERATION 198. CON		HICH OPERATION		10) 208, IF YES, WERE FIL	NDINGS CONSIDERED SES OF DEATH?
12/12/1	64 MOL		UECK	NO		
U 21A. ACC	IDENT WAS UNDERLYING TRIBUTING CAUSE OF	21 B. P	LACE OF INJURY leigi, i	n or obout 21 C. WHERE DID	(If in Boltimore	City, give exact lacation)
DEATH (n	otify medical examined —	home,	torm, toctory, street, o	ffice bldg., INJURY OCCUR?		
21 D. TIME	(Month) (Day) (Year)		NJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
(APPROX.)		While Work	At Work			
00.1				./2		11
22. I cer	tify that (1) (this haspita	L) attended the	deceased fram		19 65 to 1/4	4 19 6 5
that (I)	we) last saw the decease	ed alive an		19 6 1 and t	hat in (my) (aur) apini	an death accurred an the date
and hour	and from the causes sta	ted abave. (I)	(Wa) (did) (did not)	view the bady after death.		
23A. SIGN		100 000101 (1)	(0.0) (0.0 101)	Trew file body offer deaths		23B, DATE SIGNED
23A. 31GN	1					ASSE DATE SIGNED
6.4	ashal X	Brown	M.D. Aft	ending Med. Director	Staff Phys.	1/4/65
23C. PHYS	ICIANS			23D. ADDRESS		
NAM CL	ARLES S. BROV	VN	A4 D			11000
			M.D.	0.70.07-	MORIAL	HOSP
24A. BURIAL		24C. NAA	AE of CEMETERY OF CR	EMATORY 24D.	LOCATION (City	, tawn, ar county) (State)
W. a.	AL (Specify) /- 7-/	6 /1 00	ods (hanil	(smotopy (Salta A.	Mil
DURIA	•	CUTT	MITTEL TO	Conference E	ים לים ולים	1114
ZOA. DATE RE	C'D BY HEALTH DEPT.	25B. NAME OF	REGISTRAR	25C. FUNERAL DIRECTO	Y/1:11	ADDRESS On !
JA	N 7 1966 (P.O.	1. 12.4	Calbert Man	Narry ZB	Hought	Sykesizele Me
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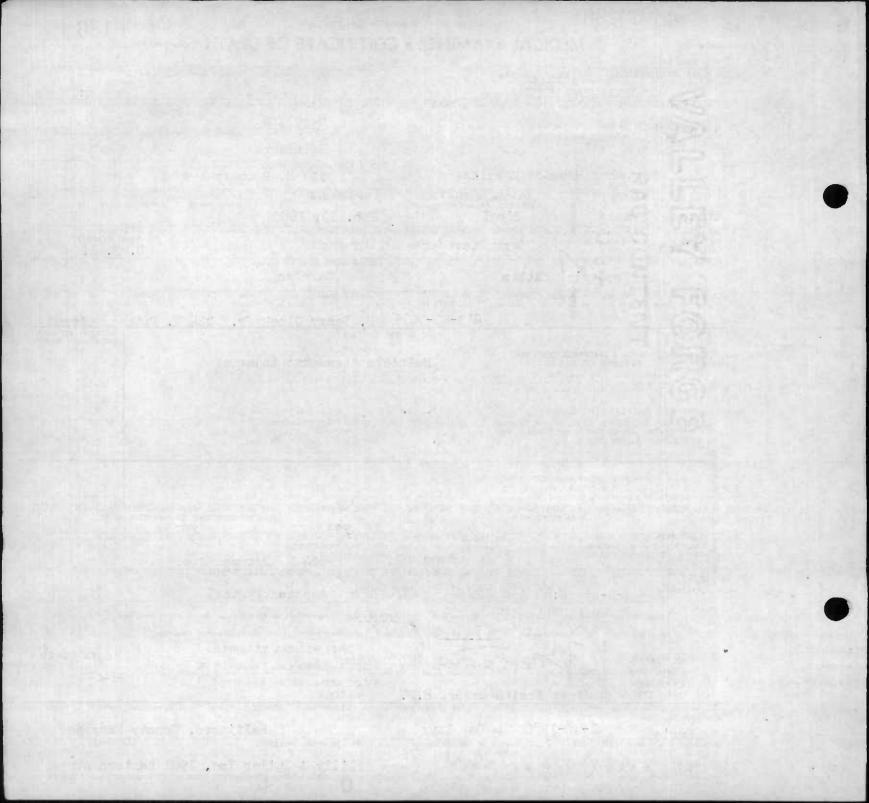
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00	00134	BALTIMORE CITY H	HEALTH DEPARTMENT		X 00
66	MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH Registered No.

м.	E. CASE NO.							2 7	
1. NAME OF DECEASED (Type or Print) WILLIAM H. TYLER			2. DATE AND HOUR PRONOUNCED DEAD						
		MIT					1/3/6		8:05 p. M.
3.	PLACE IN BALT	IMORE, MARYLAND, W	HERE PRONOL	INCED DEAD	A. STATE		8. CO	titution: res	sidence bofore admission
FU	LL NAME OF	(IF NOT IN HOSPITA	L OR INSTITU	JTION, GIVE STREET		aryland	e corporate limits, writ	e RURAI	and give township)
IN:	SPITAL OR	ADDRESS OR LOCA	IION)					1	^
6					D. STREET ADDR		e-rural	TNNI	9 POLIS
		YY 1 1	**	24.27					362 52 00
5.	SEX	6. RACE	ns Hosp	NEVER MARRIED	B. DATE OF BIRTH	ox 2 Rt	9. AGE (In years		er 1 Yr, If Under 24 Hrs.
I	nale	white	WIDOWED,	CIED (specify)	Nov 2	1910	lost birthdayl	Manths	Days Hours Min.
10/		VORKING LILE SWEET IF CALIFORD	010	BUSINESS OR INDUSTRY	11 1	State or foreig	in country)		ZEN OF AT COUNTRY?
\\	51.616	JENVICE	GEN. SE	R. ADM. U.S. GO	14. MOTHER'S M.	DIE	VA.	L	1. J.A.
3.	TANKS NAN	OVVTI	5		14. MOTHER'S MI	AIDEN NAM	1./		
15	NAS DECEASE	7 / / / / /	FORCES?	16. SOCIAL	17. INFORMANT	KUDE	- WENTZ	ADDRE	C.C.
(Ye	s, no or unknown	(If yes, give wor or dote	s of service)	SECURITY NO.		,	la . —		4.4
	Yes	1929 10 1	962		FLOREN	CE /	100N /4L	ER	#4
	1B. = 9	76 XI		CAUSE	OF DEATH			40	INTERVAL BETWEEN ONSET AND DEATH
	DISEA	SE OR CONDITION DI		0		0 11			
	(This does	LEADING TO DEATH	dying, e.g.,	(A) GUISIO	t wound or	I nead			
	injury or con	, asthenio, etc. It means mplication which coused	deoth.)						
	A	ANTECENDENT CAUSE	S	(P)					
	DISEASES	OR CONDITIONS, IF A	NY, GIVING	DUE TO					
	UNDERLYIN	NG CONDITION LAST.	Ailleo Inc	101					
0 N				(C)					
¥	OTHER SIG	II NIFICANT CONDITIONS	CONTRIBUTION	NG					
TIFICATION	TO THE	R CONDITION CAUSING		HE			••••••		
CERT	19A. DATE OF	OPERATION 19B. CON	DITION FOR	WHICH OPERATION	yes	(Yes or No)	20B. IF YES, WERE FI	INDINGS ISES OF E	CONSIDERED DEATH?
Y.	21 A. EXTERNA	L CAUSE WAS	21 B.	PLACE OF INJURY (e.g.,	in or obout 21C. W	HERE DID			
MEDIC	UTING CAU	SE OF DEATH.	etc.)	, form, factory, street, a			O Edwareta	22 MA	
Σ	21D TIME	(Manth) (Doy) (Year) (Hour) 2	nome			.9 Edgewate	ri Pici.	
	OF INJURY (APPROX.)	12 21 65 4	:25 pm. V	WHILE AT NOT	WHILE Sho	t self	in head		
	22.		nquiry [is bosis, death in	my onini	
		ted from: Notural car		Accident Suicid	(EE)		Undetermined mann		
							AMINER		
	ACTUA		4.7	- 1	ASSISTANT MI	EDICAL EX	AMINER X		DATE SIGNED
	SIGNAT		7	M.D.	ASSOCIATE M			1/1	1/66
	NAME (r U. Sp	itz, M.D.				4 7 7	
	MOVAL (Specify	MATION, 23B. DATE			CREMATORY	23 D. L	OCATION (City	, town, or	county) (Stote)
11 -	REMAT	- / > /	66 7	T. LINCOLN	CREMATON	CY PRI	NCE GEORG	CE C	MD.
24	A. DATE REC'D	BY HEALTH DEPT.	24B, NAME,		24C. FUNERA	AL DIRECTOR		1	ADDRESS
	JAN	1	\$ 5.4	alloco, roll	JOHNI	M. TAY	LOR SONS 1	INN,	APOLIS MO
VS	151-REV. 1/1/	65 1 3 3	1 43	6 6 0 0	001	3 3	/ Share		W. Allen

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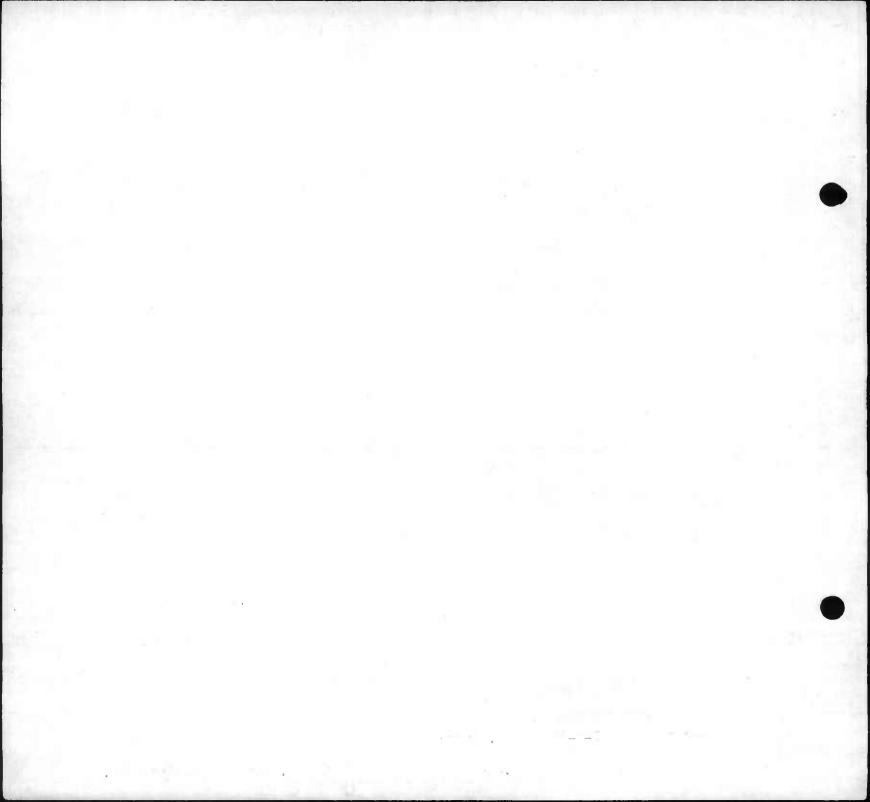


BIRTH NO.	MEDI	CALEX	AMINER'S CI	EKTIFICA	IE OF L	EAIH Register	red No		-
M.E. CASE NO.									
1. NAME OF DE (Type or Print)	CEASED FRE	DERICK			2. DATE AND	HOUR PRONOUNCE	D DEAD		
	CHRISTIAN MA	TTES			1-6-6	6		6:50 A	Λ.
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESID	ENCE (Where	deceosed lived. If insti B. COU	tutien: resid	ence befere edmissi	en)
FULL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	THEFT AVE NOTE	Ma	ryland				
HOSPITAL OR	ADDRESS OR LOCA	TION)	THORY OF THE OTHER	C. CITY OR TO	WN (If autside	carperete limits, write	RURAL en	d give tewnship)	
				Ва	ltimore		1		
3	Johns Hopki	ns Hosp	ital	D. STREET ADD	RESS (If rurel,	give lecotion) Lomac Ave.			
5. SEX	6. RACE	7. MARRIED.	NEVER MARRIED	B. DATE OF BIRT	Н	9. AGE (In years	If Under	1 Yr. If Under 24 H	rs.
white	mala	WIDOWED,	DIVORCED (specify)	E-2 10	7000	last birthdoys	Months	Doys Heurs Min	•
	male UPATION (Give kind of work	Sing		Feb. 19,		85	12. CITIZE	N OF	
done during most of	working life, even if retired)		Stevedore	Germany	totale at lovergi	County	WHAT	COUNTRY?	
		0.10111			AIDEN NAME		U.	S. A.	_
13. FATHER'S NA	Frederick 1	fattee		14. MOTHER'S M	rolyn				
					OLYII				
	ED EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS		
No			213-03-7015	H. Henry	Glock	Jr. 624 N.	Potor	ac Street	
18.	04.0			OF DEATH	Q.E.O.	014 014		INTERVAL BETWEE	
DISEA	SE OR CONDITION DI	RECTLY						ONSET AND DEAT	Н
	LEADING TO DEATH		Multip	le trauma	tic inju	uries			
heert failure	not meen the mode ef	the diseese,	DUE TO						
injuty or co	emplication which coused	deofh.)							
	ANTECENDENT CAUSE	S							
DISEASES	OR CONDITIONS, IF A	NY, GIVING	DUE TO	*******************				**************************************	
	HE ABOVE CAUSE (A) ST NG CONDITION LAST.	AING INE							
Z			(C)					*************	
OTHER SIGN TO THE DISEASE OF 19A. DATE OF THE DISEASE OF THE DISEA	11	CO. 1. T. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	1.0				111		
OTHER SIC	CONTINUE ON THE PROPERTY OF TH	ATED TO T	NG HE						
DISEASE	OR CONDITION CAUSING				44 /44 84 1/4				
19A. DATE O	F OPERATION 19B, CON WAS PER		WHICH OPERATION	20A. AUTOPSY		20B. IF YES, WERE FIT			
10/	AL CAUSE WAS	019	DI A CE OF INITIDY /	yes	WHERE DID (yes		4:\	_
UNDERLYING	GOR CONTRIB-	heme	PLACE OF INJURY (e.g., ferm, fectery, street, o	ffice bldg., INJUR	Y OCCUR?	f in Boltimere City, gi	ve exect to	conen	
UTING CA	USE OF DEATH.	etc.)	home			tomac Ave.		1-01	
OF INJURY	(Month) (Dey) (Yee	(Hour) 2	1E. INJURY OCCURRED	21 F. H	OM DID INTO	RY OCCUR?			
(APPROX.)	1-6-66 6:4	O A	VHILE AT NOT	WHILE K Ap	parently	y fell			
22.	rtify that I held on I			NT.	d that on this	s bosis, deoth in m	v opinlon		
	Ited fram: Natural car		ccident X Spicid			ndetermined monne			
resu	Trea fram: Natural ca	JSES	Solela				36		
ACTUA	1 1/5	TO FI	- Cux		EDICAL EX			DATE SIGNED	
SIGNA		, which	7.0.	ASSISTANT M				1-6-66	
NAME		Breiter	ecker, M.D.	ASSOCIATE N	MEDICAL EX	AMINER		1-0-00	
23A. BURIAL CR	EMATION, 23B. DATE		C. NAME el CEMETERY e	CREMATORY	23 D. LC	CATION (City,	tewn, er c	eunty) (Stote)	_
REMOVAL (Speci	7-70-79	966	Oak Lawn		Ba	ltimore, Co	unty 1	Marvland	
	BY HEALTH DEPT.	24B. NAME	OF REGISTRAR	24C. FUNER	AL DIRECTOR	, ,		DDRESS	
1 / 1	7 1000 A 0	\$ 5.30	On HA	7477	0 7-17-	m Tma 1007	Food	ann Area	
JAN	7 1966 R. Del	1 5,40	10000,	ГІТТА	& Zelle	r Inc. 1901	. raste	ern ave	

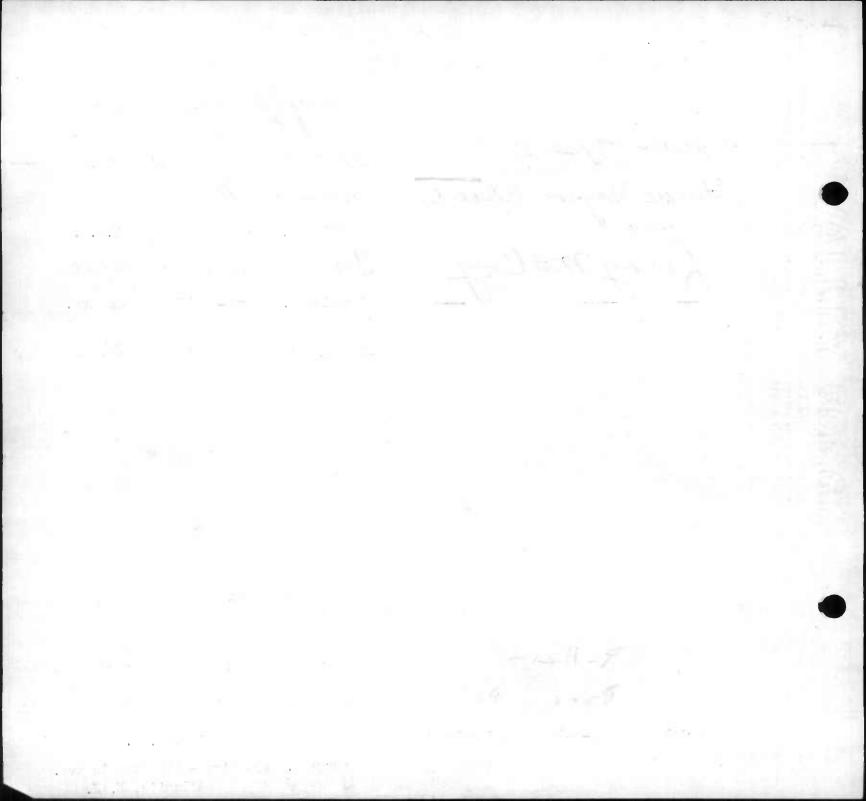


6
FUNERAL DIRECTOR: IMPORTANT
This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the 🦳
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
written approval must be obtained before the remains are embalmed or final disposition is made.

66 0013	BALTIMORE CITY	HEALTH DEPARTMENT	
BIRTH NO. M.E. CASE NO.		TE OF DEATH Registered No.	36 00137
I, NAME OF DECEASED	reen	2. DATE AND HOUR OF DEATH	715 0
PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceased lived, If in:	stitution: residence before admission
		A. STATE B. COUNTY	1
FULL NAME OF (If not in hospital or instituted and in the special or instituted and	tion, give street	C. CITY OR TOWN (If outside city limits, write R	0
INSTITUTION		RU	UKAL ond give township)
University Hos	PITAL	D. STREET ADDRESS (If ruiol, give tocotion)	
) (11.00.01.7			A.0
S. SEX 6. RACE 7. MAR	RIED, NEVER MARRIED	B. DATE OF BIRTH 19. AGE (In years	If Under 1 Yr. If Under 24 F
WIDG	WED, DIVORCED (specify)	4/12/88 lost birthdoy	Months Doys Hours Min.
OA, USUAL OCCUPATION (Give kind of work 108, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
lone during most of working life, even if retired)		Md.	IV.S.A
LABORER.		14. MOTHER'S MAIDEN NAME	/
10000		Mary Green	(same)
JOSEPH GREEN	11 / 22 21		00
5. Was Deceased Ever in U. S. Armed Foices? Yes, no or unknown) (If yes, give wor or dates of serv	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	217-12-3293	ANNA GREEN-1040	EDMONDSON A
18. 16.2 1 I	CAUSE O	F DEATH	INTERVAL BETWEEN
DISEASE OF CONDITION DIRECTLY	,		ONSET AND DEATH
LEADING TO DEATH	(A) Hu	deopneumothorax	
(This does not mean the mode of dying, heart foilure, asthenia, etc. It means the disc		for the African Police for the the state of the transfer between to a state of the total first a on second case a case a consecution of the state of	us voqui di occo coco un cocou u e nemperenime no nonmenemente en m
injury or complication which coused death.)			1 .0
ANTECEDENT CAUSES	(B) DE	onchagenic Carcinoma	le months
DISEASES OR CONDITIONS, if any, gi	ving		
rise to the obove cause (A) stating	the (C)		
UNDERLYING CONDITION last.			
OTHER SIGNIFICANT CONDITIONS CONTRIBU	ITING		
TO THE DEATH BUT NOT RELATED TO	THE A	Score Cardinascular Disco	00
OISEASE OR CONDITION CAUSING IT.	FOR WHICH OPERATION		FINDINGS CONSIDERED
WAS PERFORMED	FALCE JAMA	IN CERTIFYING CAL	JSES OF DEATH?
U 21A, ACCIDENT WAS UNDERLYING	21B PLACE OF INJURY (e.g., i	n ar about 21 C. WHERE DID (If in Baltimore	City, give exoct location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, o	ffice bldg., INJURY OCCUR?	
U .			
21D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
< (APPROX)	While At Not While At Work		
22. I certify that (this to girtal) attend	led the deceased from	12 28 1965 10	113 19 66
that (I) (we) lost sow the deceased alive		19laleond that in(my) (***) opin	nion death occurred on the
and hour and fram the causes stated above	re. (I) (We) (did) (d id-not) v	view the body ofter death.	
23A. SIGNATURE		1 - M. J S. V /	23 B. DATE SIGNED
Xalmon J. U	gus M.D. Att.	ending Med. Stoff s. Director Phys.	1/3/66
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	
	aus M.D.	University Hospi	TAL
24A. BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY OF CR		ly, town, or county) (State
REMOVAL (Specify)			
	Mt. Aubunn	Baltimore, Ma	ryland
JAN 7 1966 12 Cent &	ME OF REGISTRAR		ADDRESS
ONIT 1 1000 (POSED) CI		Charles R. Law 802 Madi	son Ave.
VS 150-REV. 1/1/65	0 0 0	0 1 3 6	



66 00138	BALTIMORE CITY HEALTH DE	PARTMENT	20 00420
BIRTH NO.	CERTIFICATE OF	DEATH Registered No	66 00138
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) M.C. COY M.C. COY	illicent	2. DATE AND HOUR OF DEAT	H 1055 RMM.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital or institution, give oddress or location) INSTITUTION	A. STATE	restand	institution: residence before admission) RURAL and give township)
Johns Hopkins H	D. STREET A	DDRESS (If rural, give location)	27-16 d (100)
SEX 6. RACE 7. MARRIED, NE WIDOWED, TO WIDOWED, TO WIDOWED, TO WORK 100A, USUAL OCCUPATION (Give kind of work) 10B, KIND OF BU	(specify)	5-4 lost bindrday	If Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.
done during most of working life, of en it retired) Student 13. FATHER'S NAME	Balti	more, Maryland	WHAT COUNTRY? U. S. A.
Leray mª Coe	SOCIAL 17. INFORMA	maine Se	hench.
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no prunknawn) (If yes, give war ar dotes at service)	SECURITY NO.	ne S. McCoy - 2715	Woodland Ave.
18. 204, 41	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g.,	(A) Blas	Tie Lonken	nis 20 month
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			
DISEASES OR CONDITIONS, if ony, giving	DUE TO		
rise to the abave cause (A) stating the UNDERLYING CONDITION last.	(C)		0.47.0000000000000000000000000000000000
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 19B. CONDITION FOR WHI	y	£S IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medicol examiner) 218. PL/ home, etc.)	ACE OF INJURY (e.g., in ar obout 21 C. orm, factory, street, affice bldg., INJU	. WHERE DID (If in Boltim URY OCCUR?	ore City, give exoct location)
21D. TIME (Manth) (Day) (Yeor) (Hour) 21E, IN While Work		HOW DID INJURY OCCUR?	
22. I certify that (I) (this hospital) attended the	1	196.6 10	1.4:19.66.
and haur ond fram the causes stated obave. (1) (pinion death accurred on the date
23A. SIGNATURE Z A ZI	M.D. Attending Phys.	Med. Director Phys.	23B. DATE SIGNED
23C. PHYSICIAN'S NAME (Type) PZTVI- AZ	M.D. 23D. ADDRESS		111112
Burial 1-8-66 Line	coln Memorial	Mays Landing,	(City, tawn, ar county) (State)
25A DATE RECO BY HEALTH DEPT. 258. NAME OF	Geor	ge T. DeBaptist -]	ADDRESS
VS 150-REV. 1/1/65	₩ ₩ 1 0 0	Atla	antic, N. J.

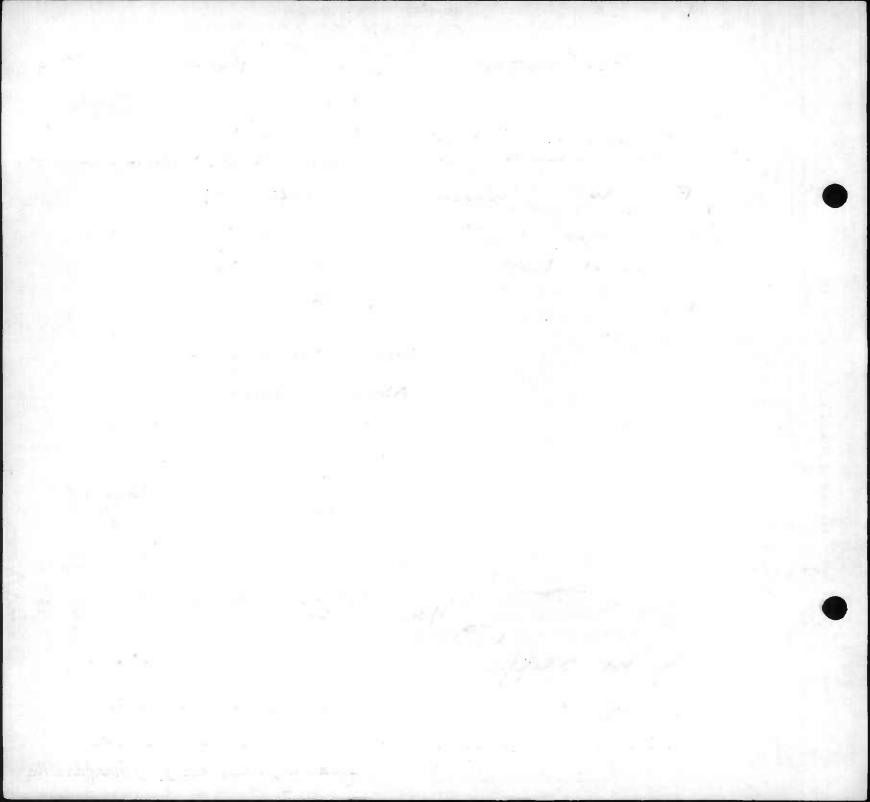


66 00139	BALTIMORE CIT	Y HEALTH DEPARTMENT	, 66 00139
BRTH NO. 66 00139	CERTIFICA	ATE OF DEATH Registered	Na. OO OOLOG
M.E. CASE NO. 1. NAME OF DECEASED		2, DATE AND HOUR OF DE	ATH
Type or Print Baby Bo	· ALel	1-6-66	7250
3. PLACE OF DEATH IN BALTINORE, MARY	ND ND	4. USUAL RESIDENCE (Where deceased lived	I finstitution: residence before admission
		A. STATE B. COUNTY	The state of the s
FULL NAME OF (If not in hospital or in	stitution, give street	1 None	53.00
HOSPITAL OR address ar lacotion)		C. CITY OR TOWN (If outside city limits,	write RURAL and give tawnship)
Mund Bomes	Breated		
I church From	34	D. STREET ADDRESS (If-rural, give-lacatio	n)
CHUCKE ASSURE	- desiral -	531 halker line	-21212
SEX 6. RACE _ 7. A	AARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	
	VIDOWED, DIVORCED (specify)	I lost birthdoy	Manths Days Hours Min.
11 Can		115/66	32 3
DA. USUAL OCCUPATION (Give kind of work 10B.	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLA'CE (State or fareign cauntry)	12. CITIZEN OF WHAT COUNTRY?
ane during most of working life, even il retired)		Marylond	1151
2 CATHEME NAME		14. MOTHER'S MAIDEN NAME	0307
3. FATHER'S NAME	(11)	,	- 11. 04
Charles t	1 Apel	laryann 1	Eckhardt
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17 INCORMANT	ADDRESS
res, no or unknown) (If yes, give war ar dates of	service) SECURITY NO.	Charles & Ale	A/
		Check les & Itte	eryam Ispel
18. 7.5 0 X	CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECT	LY		ONSET AND DEATH
LEADING TO DEATH	(1)	men perhaln	Congental
(This does not meon the mode of dying		f f	
heart failure, asthenia, etc. It means the injury or complication which caused dea		•	
ANTECEDENT CAUSES	(B)		
	DUE TO	avosa oo a x.h.a aa aa avosa aa a aa avosaa aa aa ay y o thoo ay aa aa ay y o thoo a	
DISEASES OR CONDITIONS, if ony,			
rise to the obove couse (A) stol	ing The (C)	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
Z OTHER SIGNISIONAL CONDITIONS CONT	DIRLITING 4		***
OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED		-4	
DISEASE OR CONDITION CAUSING IT.		1004	
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM	ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, Y	VERE FINDINGS CONSIDERED CAUSES OF DEATH?
	Annual Control of the		
OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID (If in Bo office bldg., INJURY OCCUR?	ltimore City, give exoct location)
DEATH (notify medical examiner)	etc.)	Since Sings, Into Ki G G G K:	
O 21D. TIME (Manth) (Day) (Year) (H	auri 21E INJURY OCCURRED	THE HOW BID INVIEW OF STREET	
OF INJURY		21F. HOW DID INJURY OCCUR?	
(APPROX)	While At Wark At Work		
22 I consider show all fabric benefit		Jan 5 19 16 to	10 10
22. I certify that (this hospital) at	(1)		Jan Q 19 6
that (1) (last saw the deceased a	Ive an	19 and that in (my) tour	opinian death accurred an the c
and haur and fram the causes stated o	bave. (1) (44) (dld) (dd)		
224 SIGNIATION			23B. DATE SIGNED
Jose & Mais	M.D. A	ttending Med. Staff	1-6-65
	P)	nys. Director Phys.	1600
23C. PHYSICIAN'S NAME (Type) José S.	7,615	23D. ADDRESS	- 5.7
Jose). /	Mals of	. thench Bone of Ho	Show
AA. RURIAL CREMATION TORTO	DAC NAME OF CENTERS A.	PENATORY / POPULACIONAL	
4A. BURIAL CREMATION. 245. DATE REMOVAL (Specify)	24C. NAME OF CEMETERY AT	RAMA ORY Y BU 24D. LOCATION MA	(City, town, or county) (State
JAN 10 K	366	TAIC FLOORING SECOND	
SA. DATE REC'D BY HEALTH DEPT. 258.	NAME OF REGISTRAR	DEC. FUNERAL DIRECTOR	SCHOODPRESS
JAN 1 0 1966 (P.	OF E Falleman	MORTHARY CERVIC	TE DCHD
	SO F. YOURUTH	UNIVERSITY DEKYIL	C - BUILD
VS 150-REV. 1/1/65		0 0 0	

Wage to Transfer I want to 99/3/1 Charles H Abel The best-one Charles A boutering F-1- 1 Outherness of 1986 Josep 8 perces Warred Home of Horney

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approved must be obtained before the remains are embalmed or final disposition is made.

	BALTIMORE CIT	TY HEALTH DEPARTMENT	00440
	TH NO. 66 00140 CERTIFICA	ATE OF DEATH Registered Ro.S.	00140
1,	E CASE NO. NAME OF DECEASED pe or Print) Ada Shoter	2, DATE AND HOUR OF DEATH	3 05 4 4
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, II in:	stitution: residence before admission)
	FULL NAME OF (If not in hospital or institution, give street hospital or oddress or location)	C. CITY OR TOWN (If outside city limits, write R	URAL and give township)
10	Maryland General Hospital	D. STREET ADDRESS (If rural, give location)	on to the give to the map,
10	827 Linden Ave 21201	Staffend Hotel, Mad	sison & Chas, Sts
	SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 2-28-86, 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
10	A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Bultimore Md	USA
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Samuel Bull	Salina Lilly	
15.	Wos Deceosed Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT	ADDRESS
(1)	ss,no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	Hospital Chan	-t
	7 000 1	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		
	(This does not mean the mode of dying, e.g., DUE TO	at eval Dry Gamagrams - La	was EXTRESS
	heart failure, asthenia, etc. It means the disease, injury or camplication which coused death.)	9	
	ANTECEDENT CAUSES (B)	SCVD - Marked	
	DISEASES OR CONDITIONS, if any, giving		
	rise to the above cause (A) stating the (C)		
	UNDERLYING CONDITION last.		
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
I O	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE F	INDINGS CONSIDERED
RIE	WAS PERFORMED	NO IN CERTIFYING CAL	JSES OF DEATH?
AF	OR CONTRIBUTING CAUSE OF home, form, foctory, street,	in or about 21 C. WHERE DID (If in Boltimore office bldg., INJURY OCCUR?	City, give exact locotion)
DIC	21D. TIME (Month) (Doy) (Yeot) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX) While At Not Wh	21 F. HOW DID INJURY OCCUR?	
2	OF INJURY (APPROX.) While At Not Wh Work At Wor		
	22. I certify that (I) (this hospital) attended the deceased from		19 bb.
	that (I) (we) last sow the deceased alive on	19 ond that (my) (our) opin	nian death occurred on the date
	ond hour and from the couses stated above (1) (We) (dld) (dld not)	view the body ofter deoth.	
	23A. SIGNATURE M.D. A Ph	ttending Med. Stoff hys. Director Phys.	1 6 6
	23C. PHYSICIAM'S NAME (Type)	23 D. ADDRESS	1
	9 M Stettu	Maryland General Hoss	nital
24	A. BURIAL CREMATION, 248, DATE 24C, NAME of CEMETERY of C	REMATORY 24D. LOCATION (Cit	y, town, or county) (State)
	REMOVAL (Specify)	matanu R-liinar-	Nanuland
25	Burial 1/8/66 Greenmount ce A. DATE REC'D BY HEALTH DEPT: 125B. NAME OF REGISTRAR	metery Baltimore /	ADDRESS
	JAN 7 1966 P. D. A. 8 9 Fr. augus 0	Leonard J. Ruck Inc 5	305 Harford Rd
LVS	150-REV. 1/1/65	1 1 1 1 1 men site	Joj maryona ma



				HEALTH DEPARTME		00 00111
BIRTH NO.	66	10141	CERTIFICA	TE OF DEAT	TH Registered No.	66 00141
M.E. CASE NO.	CEASED			2. DA	TE AND HOUR OF DEATH	
(Type or Print)	PATTERSON, EDV	JARD (CARLTON		1/6/66	1:50 A.M.
	EATH IN BALTIMORE, MA		22.0.1	4. USUAL RESIDENCE	(Whore deceased lived, If	institution: residence before admission)
AND DESCRIPTIONS					COUNTY	not
HOSPITAL DR	oddres of locofio	or institution	, give streot		BALTIMORE CITY	
Mondow Con	TICAIL	AM	ENDED	C. CITY OR TOWN		RURAL and give township)
14	CHURCH HOME H	OSPITAL	1/17/66	BALTI D. STREET ADDRESS	(If rural, give location)	53-00
	4101011				,	S Trin
£ erv	L BACE	T AAADDIEI	D. NEWER ANA RRIED	B. DATE OF BIRTH	UMPTER AVENUE	SUMIER
5. SEX	6. RACE	WIDOW	D, NEVER MARRIED ED, DIVORCED (specify)		9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
MALE	WHITE		PARTED	4/8/26	39	
done during most o	CUPATION [Give kind of world of working life, even it retired]	TOC	DE BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stoto	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
MACHIN			N ERECTRIC CO.	VA.		U.S.A.
13. FATHER'S NA				14. MOTHER'S MAIDE	N NAME	0.00110
EART.	PATTERSON			MADV	WOODSON	
4	ral Lenson	?	1 6. SOCIAL		MOODOOM	ADDRESS
(Yes, no or unknow	vn) (If yes, give wor or dote	es of sorvico)	SECURLY NO.26-	17. INFORMANT		ADDRESS
YES	WW 2		XXXX 219-16-	8599/ HOSPITA	AL RECORDS	
1B. 5 S	2201		CAUSE O	F DEATH		INTERVAL BETWEEN
DISEA	ASE OR CONDITION DI	RECTLY			, , ,	ONSET AND DEATH
	LEADING TO DEATH		(A) M(sevenic	Areteny The	embers 24 hou
	not mean the made at a, asthenia, etc. It means		DUE TO	100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0 - 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	implication which coused			/ /		8 0
	ANTECEDENT CAUSES		(B) 4 a	ica entities	= = = = = = = = = = = = = = = = = = =	Several
DISEASES	OR CONDITIONS, if	any, givin				months
rise la t	he obave cause (A)		•	100 00 00 00 00 00 00 00 00 00 00 00 00	> >> > = = = = = = = = = = = = = = = =	
UNDERLYIN	IG CONDITION last.					
7	- 11					
	NIFICANT CONDITIONS OF THE PROPERTY OF THE PRO					
DISEASE OF	R CONDITION CAUSING	IT.		TOO A ALLEG BOUR /V	N-V 202 IF MES 1475	
19 A. DATE O	WAS PER	FORMED /	WHICH OPERATION	AUTOPST? (Tes	or No) 20B, IF YES, WERE IN CERTIFYING C.	AUSES OF DEATH?
21A ACCUP	ENT WAS UNDERLYING		mercities	// U	DID (III DI)	
OP CONTRI	BUTING CAUSE OF	ho	B. PLACE OF INJURY (e.g., i ome, lorm, foctory, stroet, o	fice bldg., INJURY OCC	UR?	ore City, give exact location)
	fy medical examinar	G et	c.)			
OF INJURY	(Month) (Doy) (Your)	(Hour) 21	E. INJURY OCCURRED	21 F. HOW D	ID INJURY OCCUR?	
(APPROX.)	****		/hilo At Not While At Work	e		_
22	Alea (IV (Alie Legeiae			12/21	19 6 6 10	1/5
	y that (1) (this hospita		1 1	11		19 66
	e) last saw the decease		1/5/66			pinion death occurred on the date
		ted obove.	(I) (We) (did) (did not) \	iew the body ofter d	eoth.	
23A. SIGNAT	TURE	0				23B, DATE SIGNED
Jan	16.0/2/2	rden	M.D. Atte	ending Mod. S. Diroctor	Stoff Phys.	1/6/66
23C. PHYSICI	IAN'S			23D. ADDRESS		1/60
IAN R	ANDERSON		M.D.	CHUR	CH HOME HOSPIT	PAL
	EMATION, 248. DATE	240	NAME OF CEMETERY OF CR			City, town, or county) (Stoto)
REMOVAL	(Specify)					
BURI			ILLSBORO CEMET			O, VIRGINIA
25A. DATE REC'	D BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	25C. FUNERAL DIR		ADDRESS
JAN	7 1966 1200	15 E.	FOL DOWN O	Leonard J.	Huck Inc. Bal	Lto. Md. 21214
VS 150-REV. 1/1	/65					

vs 153 signed by funeral director.

	00 00149	BALTIMORE CITY	HEALTH DEPARTMENT	01	0.00449
	TH NO. 66 00142	CERTIFICA	TE OF DEATH	Registered Na.66	2 10145
1, N	AME OF DECEASED MRS. 6	EORGE	2. DATE AN	NO HOUR OF DEATH	-30
(Typ	se or Print) Smith El	iz Abeth	(WMN) 1/	6/66.	8 A
3. F	PLACE OF DEATH IN BACTIMORE, MARYLAND				tution; residence before admissio
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN (If outside city limits, write RURAL and give lownship)		
1		, , , , , , , , , , , , , , , , , , , ,	6911	rurol, give location)	
7	Union Memorial Hospital		D. STREET ADDRESS (Ill rurol, give location) 4621 Welther Ave.		
5. S		RIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 H
	F IN WIDE	WED, DIVORCED (specify)	10-4-84	fost birthdoyl	vionins Doys Hoors Ivin.
	. USUAL OCCUPATION (Give kind of work 10B. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or fore	ign country)	12. CITIZEN OF
don	e during most of working life, even if retired)		MD		WHAT COUNTRY?
12	HSWF FATHERS NAME		14. MOTHER'S MAIDEN NA	AAE	
1 36	TOTAL STRONG		A A		
	Joeob BEL	5 1	ANNA	Schm	1+1/0
	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dates of servi	ce) 1 6. SOCIAL SECURITY NO.	17. INFORMANT MRS A.J. BOELI		
, , ,	No	220-4442775	Canal And Double		506 AILSA
		CAUSE O	E DEATH	131	INTERVAL BETWEEN
	18.434,114260	CAUSE	DEMIN *		ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY /	3			TWK?
	(This does not mean the made of dying,	e.g., DIE TO	MYOCARDIAL	INFARCI	/ W/\
	heart foilure, osthenio, etc. It meons the dise				5 5 5
	injury ar complication which caused death.)		G HEART FA	111105	5 MOS
	ANTECEDENT CAUSES	(B) COA	G MENEI FA	TILUICE	
	DISEASES OR CONDITIONS, if any, gir	ving			
	rise to the obove cause (A) sloting	The (C)		A	
	UNDERLYING CONDITION lost.				
7					
10	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO	man	· /	man ,	
ATI	DISEASE OR CONDITION CAUSING IT.	BIABEL	ES MELLI	143	
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20 A. AUTOPSY? (Yes or No	IN CERTIFYING CAUS	IDINGS CONSIDERED LES OF DEATH?
CER	21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., i	n or about 21 C. WHERE DID	(If in Boltimore	City, give exact location)
AL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, o	ffice bldg., INJURY OCCUR?		
U					
MEDI	OF INJURY (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	JURY OCCUR?	
2	(APPROX.)	While At Not While Work At Work			
	22 1		1011	10	11 1
	22. I certify that (I) (this hospital) attend	4 -	1 1-	19to	/
	that (1) (we) last sow the deceosed alive	an // 6	19	nat in (my) (our) opini	an death accurred on the
	and haur and fram the causes stated abov	e. (1) We did (did nat)	riew the bady after death.		
	23A. SIGNATURE			_ 2	38. DATE SIGNED
	Charles & Re		ending Med.	Stoff Physics	1/6/65
	23C. PHYSICIAN'S	Phy	s. Director 23D. ADDRESS	Phys.	/ / /
	CHARLES S. BE	ROWN M.D.		MOR PAR HOSP	ITAESP
24/	REMOVAL (Specify)	C. NAME of CEMETERY of CR		OCATION (City,	town, or county) (State
	Burial 1/10/66. S	acred Heart Of	Jesus Cem.	Baltimore	, Md.
25/					
	A. DATE REC'D BY HEALTH DEPT. 258. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTO	R	ADDRESS
•		afeut 1		ck Inc. Balt	

1. 1 1/

(4) Undetermined cause; (5) Deceased contributing death assistant if IMPORTANT kind; any or his Also. of fracture the chief medical examiner FUNERAL DIRECTOR: 4 (3) medical burns; (2) Body 0 to the hospital by nature; þ approved

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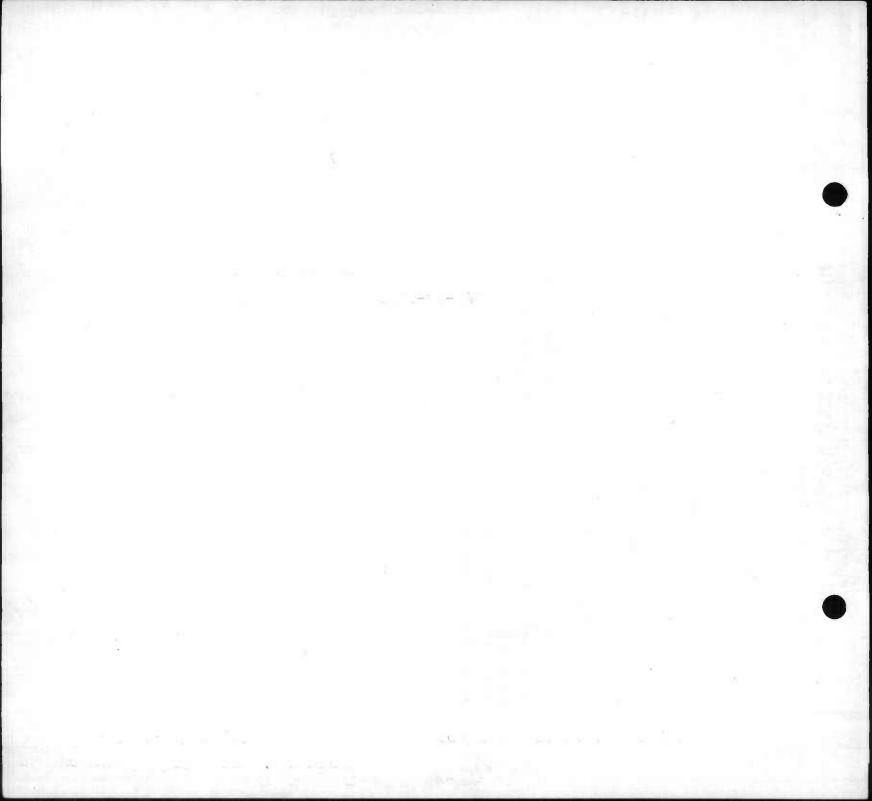
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cause of death

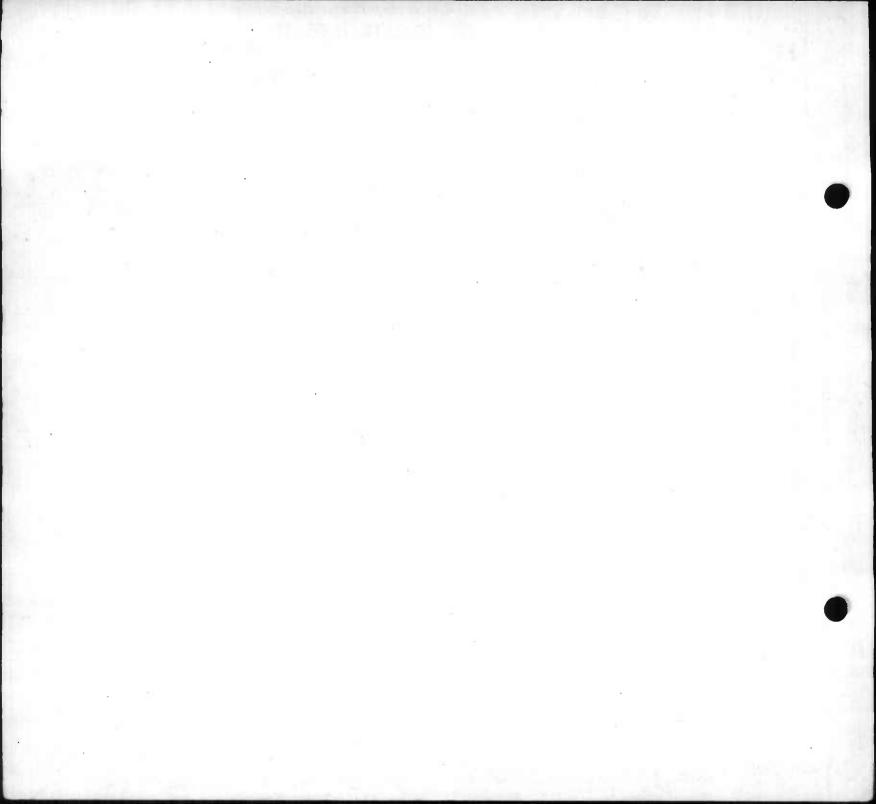
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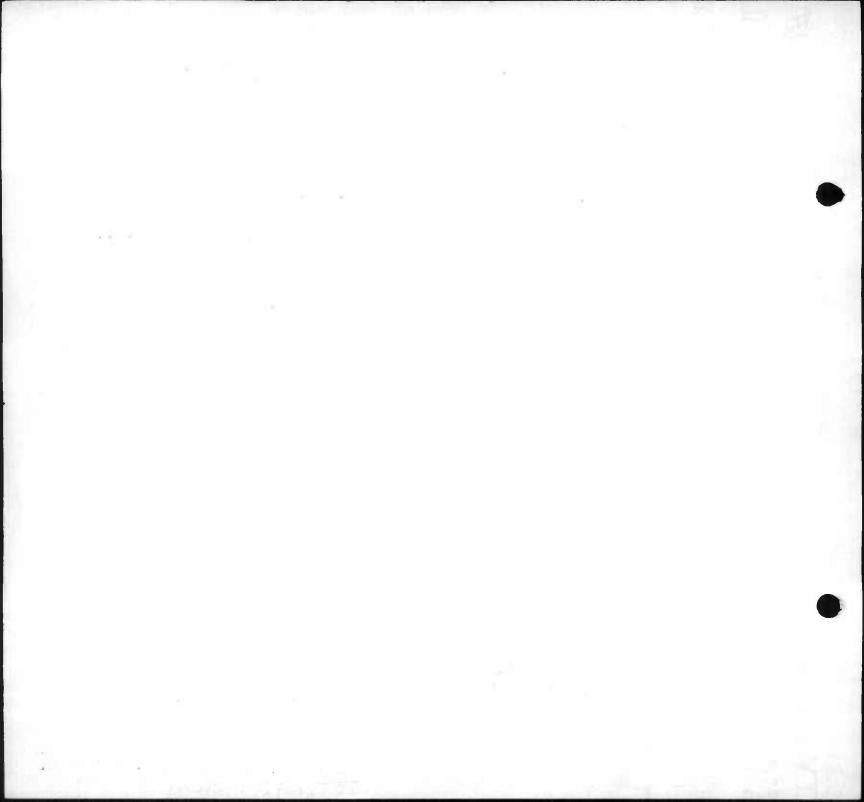
occurred

BALTIMORE CITY HEALTH DEPARTMENT Registered Na. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 6 di anvar 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
A. STATE
B. COUNTY FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) (If outside city limits, write RURAL and give D. STREET ADDRESS (If rurol, give location) Wood made. 5. SEX MARRIED, NEVER MARRIED 6. RACE B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. WIDOWED, DIVORCED (specify) lost birthdoy) Months Doys Hours Marrie disposition is 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Store Sales U,S Cimore 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME narrec 15. Was Deceased Ever in U. S. Armed Forces (Yes, no or unknown) (If yes, give war or dotes o 6. SOCIAL 17. INFORMANT or final war or dotes of service) SECURITY NO 0 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not meen the mode of dying, heart foilure, asthenia, etc. It means the disease, injury or complication which coused death,) ANTECEDENT CAUSES before the remains are DISEASES OR CONDITIONS, if ony, giving to the obove couse (A) stoling the UNDERLYING CONDITION lost, 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes) or No) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, lorm, foctory, street, office bldg., INJURY OCCUR? 21 A ACCIDENT WAS UNDERLYING (II in Baltimore City, give exact location) OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examined be obtained (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX) Work At Work 22. I certify that (1) (this hospital) attended the deceased fram 06 that((1) (we) last saw the deceased alive an and that in (my) (aur) apinian death accurred an the date and hour and fram the causes stated abave (1) (We) (did) (did nat) view the bady after death. must 23A, SIONATURE 23 B. DATE SIGNED 6 Attending Phys. Stolf M.D. Med. Ь approval Director 23 C. PHYSICIAN'S 23D. ADDRESS NAME (Type) M.D. a emer b er 24A. BURIAL CREMATION. CEMETERY OF CREMATORY REMOVAL (Specily) written 10 166 Burra arkwao d Maryland 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR VS 150~REV, 1/1/65



66-00280 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. and of death (5) Deceased M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) LO hospital death. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) 3. PLACE OF DEATH IN MALTIMORE, MARYLAND attendance (If outside city limits, write RURAL and give township) cause FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location) (4) Undetermined cause; 9 UNION MEMORIAL HOSPITAL MOTE prior (If tutol, give location) D. STREET ADDRESS contributing GIEN disposition is made. regular 9. AGE (In years If Under 1 Yi. If Under 24 His. Hours Min. 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 5. SEX Hours deceased WIDOWED, DIVORCED (specify) WHITE 25 NEUET MATTIED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? = death done during most of working life, even if retired) USA. INFANT
13. FATHERS NAME MARY LAND 14. MOTHER'S MAIDEN NAME 0 Was the JOHN death Co kind; Was Deceased Ever in U. S. Armed Forces 6. SOCIAL or final (Yes, no or unknown) (If yes, give war or dotes of service) SECURITY NO. attendance any CAUSE OF DEATH INTERVAL BETWEEN pronounced ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed fracture of LEADING TO DEATH (This does not mean the mode of dying, e.g., gular heart lailure, asthenia, etc. Il means the disease, injuly at camplication which caused death,) who ANTECEDENT CAUSES 10 are DISEASES OR CONDITIONS, if any, giving ල rise to the above cause (A) stating the = physician before the remains UNDERLYING CONDITION last. chief medical Was medical (2) Body burns; CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED (6) No physician DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? the 0 OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? the (If in Baltimore City, give exact location) where to the hospital MEDICAL DEATH (notify medical examined etc.) any nature; obtained 21 D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? approved (except While At Not White: (APPROX.) and Work At Work 22. I certify that (1) (this hospital) ottended the deceased from 66 death); that (I) (we) lost sow the deceased olive on... ond that In (my) (our) opinion death occurred on the date pe of hospital ond hour ond from the couses stated obove. (1) (We) (did) (did not) view the body ofter deoth. was released must accident 23A. SIGNATURE 23B, DATE SIGNED must Attending Phys. Staff Phys. Med. 40 Director ___ approval 0 23C. PHYSICIAN'S 23D. ADDRESS certificate eceased prior NAME (Type) ģ An 046 HOMASON was D.O.A. shows: (1) 24A BURIAL CREMATION, REMOVAL (Specify) 24C. NAME OF CEMETERY the body written 258. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. ADDRESS VS 150-REV, 1/1/65





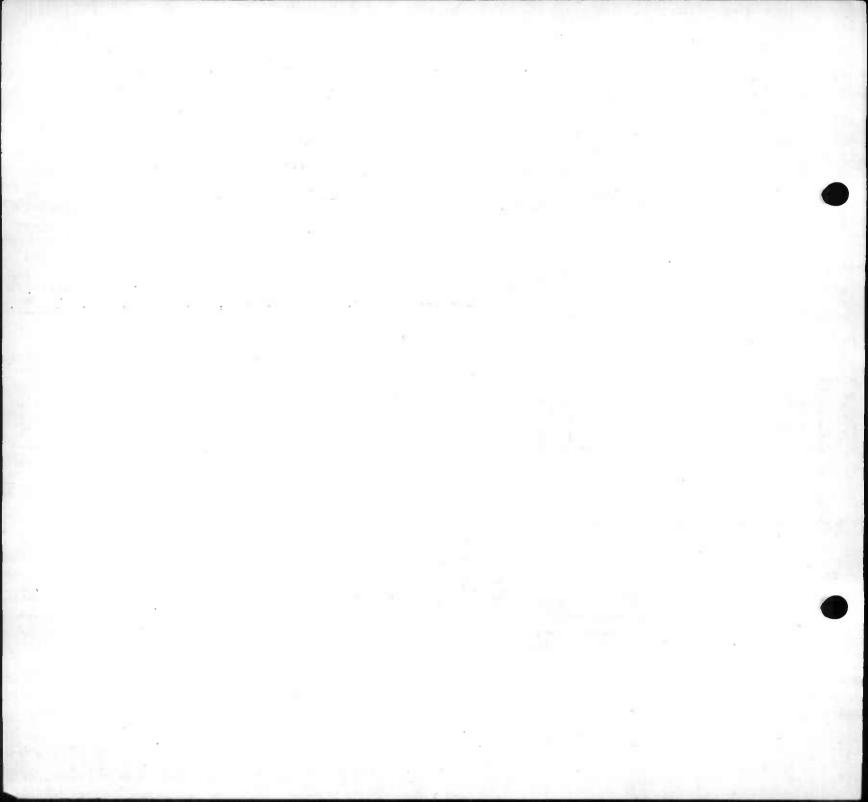
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

	BALTIMORE CITY	Y HEALTH DEPARTMENT	00146 4
		ATE OF DEATH Registered No	
	CASE NO. AME OF DECEASED	2. DATE AND HOUR OF DEATH	
	BAby GIFL FPITZ	1-3-1966	14:00 P M.
3. 1	LACE OF DEATH IN BALTIMORE, MARYLAND	1-3-1966 4. USUAL RESIDENCE (Where deceased lived. If institu A. STATE B. COUNTY	tion: residence before odmissian)
1	ULL NAME OF (If not in haspitol or institution, give street	C. CITY OR TOWN (If outside city limits, write RUR.	-1
11 F	OSPITAL OR oddress ar facotion)	C. CITY OR TOWN (If outside city limits, write RUR	AL ond give lownship)
14	UNION MEMORIAL	D. STREET ADDRESS (If rurol, give location)	32-00
1	HospiTAC		
5. \$	EX 6. RACE 7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years III	Under 1 Yr., If Under 24 Hrs. anths: Days Hours Min.
	WIDOWED, DIVORCED (specify)		3 31
IOA	USUAL OCCUPATION (Grove kind of work 108, KIND OF BUSINESS OR INDUSTRI	Y 11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY?
	during most of warking life, even if retired)	UNION MEMORALL HOSE.	415A
13.	TNFANT FATHERS NAME	14. MOTHERS MAIDEN NAME	VI
	Charles Warne Fritz	EdiTh Brown.	
15.	Nos Deceased Ever in U. S. Arméd Forces? 16. SOCIAL spor or unknown)(If yes, give wor ar dales of service) SECURITY NO.	17. INFORMANT	ADDRESS
110	No.	·	
	0	OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY		ONSET AND DEATH
	LEADING TO DEATH (This does not meen the made of dying, e.g., DUE TO	EmaTurity	
	heort foilure, asthenia, etc. It means the disease,	, ,	
	ANTECEDENT CAUSES (B)	EmaTurity	0 €
	DISEASES OR CONDITIONS, if any, giving	0 15	
	rise to the above cause (A) stating the (C)	ffull	**************************************
	UNDERLYING CONDITION lost.	V	
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
ATION	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
CERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes at No.) 20B. IF YES, WERE FIN	S OF DEATH?
CER	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	in ar about 2/1 C. WHERE DID (If in Politimare Ci	ity, give exact lacotion)
AL	OR CONTRIBUTING CAUSE OF home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?	
EDIC	21D. TIME (Month) (Day) (Year) (Haur) 21E, INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?	
×	OF INJURY (APPROX.) While At Not Wh Wark Al Work	nile	
	22. I certify that (1) (this haspital) attended the deceased from	1-3 19 blato	- 3 19 66.
	that (I) (we) last saw the deceased alive an	,	
	and haur and from the causes stated above. (1) (We) (did) (did nat)		
	23A. SIGNATURE		B. DATE SIGNED
	Robert 6. Thompson. M.D. A.	ttending Med. Staff hys. Director Phys.	1-3-66
	23 C. PHYSICIANS NAME (Type) ROBERT G. THOMPSON	23D. ADDRESS	
	ROBERT G. THOMPSON	· UNION - MEMORIAGE Votes	UPITAL
24	REMOVAL (Specify)	REMATORY AND 24D LOCATION IL ACHA	lawn, or county) (State)
	JAN 7 1500	HODVING MENTITUMERIO	aimel.
25	DATE REC'D BY HEALTH DEPT.	HUNGALINA DINIGHTUAL SUNU	DANHII.
	JUN (1200 APRING STATISTICS	MUKIUAKY SEKVICI	C - DCHI
VS	150-REV. 1/1/65		

VS 150-REV. 1/1/65

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		BALTIMORE CITY	Y HEALTH DEPARTMENT	66 00147
	RTH NO. 66 001	147 CERTIFICA	TE OF DEATH Registered No	OO OOLLE
1,	LE CASE NO. NAME OF DECEASED		2. DATE AND HOUR OF DEATH	1
(1)	pe or Print) Marie	H. Cook	January 5, 196	6 I M.
3.	PLACE OF DEATH IN BALTIMORE, MA	RYLAND or institution, give street	4. USUAL RESIDENCE (Where deceased lived. If A. STATE B. COUNTY Maryland	
	HOSPITAL OR oddress or locotion INSTITUTION Gould Convalesa	n)	C. CITY OR TOWN (If outside city limits, write Bal timore	RURAL and give township)
1	6116 Belair Ro		D. STREET ADDRESS (If rural, give location)	
1			3706 North Charles Str	eet 18
11.	SEX 6. RACE Female White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married	B. DATE OF BIRTH 9. AGE (In years lost birthday) 71	If Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min.
do	A, USUAL OCCUPATION (Give kind of ward ne during most al working life, even if retired) Housewife	TIOB, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
11	FATHER'S NAME		Maryland 14. MOTHER'S MAIDEN NAME	
	Charles Hodges		Mary Baroux	
15. (Ye	. Was Deceased Ever in U. S. Armed Far es, na ar unknawn) (If yes, give war ar date No None	16. SOCIAL SECURITY NO. 214-01-7831	Mr. Edward M. Cook, Sr.	3706 North Charles Balti., Md. 18 St.
	18. 2.3 / X		DE DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DI	RECTLY	and market	ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of	dying, e.g., DUE TO	ralae VIII	
	heart failure, asthenia, etc. It means injury or complication which caused	the disease.	tendestall Desemo	2
	ANTECEDENT CAUSES	DUE TO		
	DISEASES OR CONDITIONS, if rise to the above couse (A) UNDERLYING CONDITION lost.		retral hembre	2
NOITA	OTHER SIGNIFICANT CONDITIONS C	ATED TO THE		
FRTIFIC	19A. DATE OF OPERATION 19B. CON WAS PER	FORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERI	FINDINGS CONSIDERED AUSES OF DEATH?
CALCE	OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	21B. PLACE OF INJURY (e.g., hame, farm, factory, street, etc.)	in or about 21 C. WHERE DID (II in Baltime office bldg., INJURY OCCUR?	ore City, give exact location)
MEDI	OF INITION	(Haur) 21 E. INJURY OCCURRED While At Wark At Wark		,
	22. I certify that (I) (this hospital	I) attended the degeased/from	13 1947 to 1	1966.
	that (I) (we) lost saw the decease	ed olive on 1/5/66	19and that in (my) (our) of	
	and hour and from the causes sto	ted above. (I) (We) (did) (did not)		
1	23A. SIGNATURE	10		23B. DATE SIGNED
	23C. PHYSICIAN'S	M.D. All	ending Med. Staff Phys. 23D. ADDRESS	1-6-66
	NAME (Type)	EGUM M.D.	1261 E Neath An	3
24	A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CR	EMATORY 24D. LOCATION	City, town, or county) (State)
	Burial 1/8/19	66 Mt. Olivet Ceme	eterv Baltimore, P	ld.
25	JAN 7 1966 Jew	258 NAME OF TEGISTIAR	25C. FUNERAL DIRECTOR	Bolle mel. 17



Such

attendance

cause of death

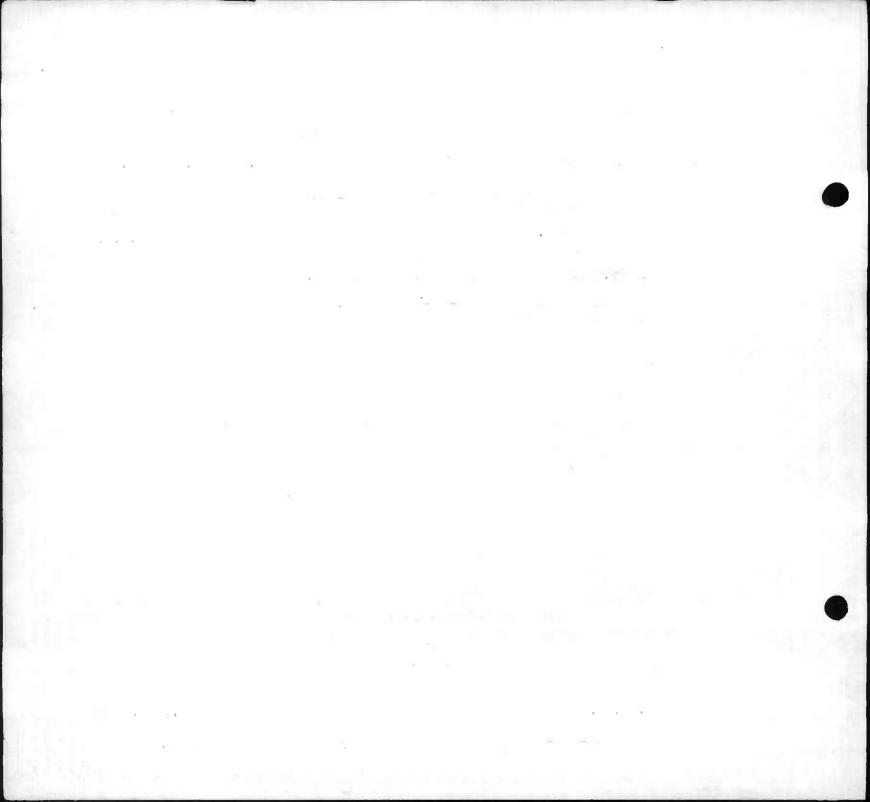
	00 004	BALTIMORE CITY	HEALTH DEPARTMENT		
	лтн NO . 66 001	48 CERTIFICA	TE OF DEATH	Registered No	66 00148
	.E. CASE NO. NAME OF DECEASED			D HOUR OF DEATH	
	(Pe or Print) Christian For	moff	1/5/6		1 5.1.5
3.	PLACE OF DEATH IN BALTIMORE MARYLAND	IIOTT	1/ 2/ SUAL RESIDENCE (Where	deceased lived. If in	5:45 p. N
			A. STATE B. COUNT	Y	7-27
	FULL NAME OF (If not in hospital or instituti	ion, give street	Maryland	(0 5 0 0
	HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN (If outs	ide city limits, write R	URAL ond give township)
11-			Baltimore		
1			D. STREET ADDRESS (If re	ural, give location)	
	South Baltimore General H	ospital	1624 Light St.	. Balto. 30	O. Md.
5.	SEX 6. RACE 7. MARR	IED, NEVER MARRIED	B. DATE OF BIRTH 9	AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
1		WED, DIVORCED (specify)	10-15-1888	ost birthdoy)	Months Doys Hours Min.
10	A. USUAL OCCUPATION (Give kind of work 108, KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	in country)	12. CITIZEN OF
do	ne during most of working life, even if retired)		111 011111 02 02 (31010 01 1010)	coomiy,	WHAT COUNTRY?
S	heet Metal Worker Ret.		Baltimore		U.S.A.
13	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	\E	
15	Christian Fornoff Was Deceased Ever in U. S. Armed Forces? es, no or unknown) (If yes, give wor or dates of servi	1 6. SOCIAL	Mary A. Hebbne	er	ADDRESS
ίΥ	es, no or unknown) (If yes, give wor or dates of servi	SECURITY NO.			
	Yes World War I	081-03-9334	Mrs. Katherine	Jefferson	519 Linwood Ave.
	184 4.3 X X 204,2	CAUSE O	F DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
	LEADING TO DEATH	in Hva	vertencine Com	tio-viscular	pr
	(This does not mean the mode of dying,	e.g., DUE TO	vertonsire Caro		
	heart failure, asthenia, etc. II means the dise injury or complication which coused death.)	ose,	(J .		
	ANTECEDENT CAUSES	(B)	>7^^\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	100 0 000 000 0000 0000 0000 000 000 00	
			, - /		
	DISEASES OR CONDITIONS, if any, giverise to the obove cause (A) stoting	the (C) Ma	nocytic Lew	kemia	
	UNDERLYING CONDITION Iosi.				
11.	11				
2	OTHER SIGNIFICANT CONDITIONS CONTRIBU				
OIT A	TO THE DEATH BUT NOT RELATED TO	THE			
	19A. DATE OF OPERATION 198. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE F	INDINGS CONSIDERED
CPTIEIC	WAS PERFORMED		Voc	IN CERTIFYING CAU	JSES OF DEATH?
100	21 A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., i	n or about 21 C. WHERE DID	(If in Baltimore	City, give exact location)
1	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, of	fice bldg., INJURY OCCUR?		
1 2					
AAED	OF INJURY (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?	
*	(APPROX)	While At Not While Work At Work	e L		
	22. I certify that (M (this hospital) attended	ed the deceased from Ja	anuary 5, 1966 1	9 66 to Jam	1ary 5. 1966 19 66
	that (1) (we) lost saw the deceased alive	January 5, 19	966 19 66 and the	t in (XX) (our) spir	sion death assured as the dat
				Tin (mage) (our) april	non death occurred on the dat
	ond hour ond from the couses stated abov	e. (1) (We) (did) (did not) v	lew the body ofter deoth.		
	23A. SIGNATURE				23 B. DATE SIGNED
	H. J. Harge	Well M.D. Atte	ending Med. Director	Stoff Phys.	January 6, 1966
	23C. PHYSICIAN'S		23D. ADDRESS		

South Baltimore General Hospital

Balto Md. 21230 24C. NAME of CEMETERY OF CREMATOR LOCATION

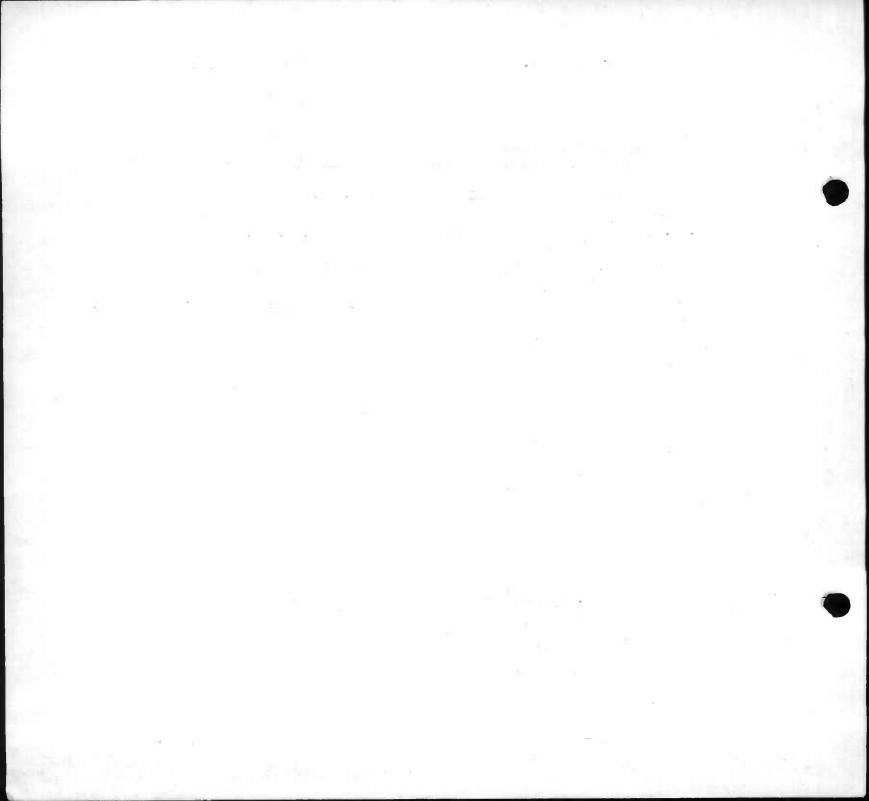
24A. BURIAL CREMATION, REMOVAL (Specify) 258 NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 25A. DATE REC'D BY HEALTH DEPT 8 - 66

VS 150-REV. 1/1/65



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RTA	the the kin decina
APO	his a so, if an once endo
S	onound alme
FUNERAL DIRECTOR: IMPORTANT	ract ract o pr gula
ECI	why who are
DIR	cal
RAL	medi bur bur phys
NE	chief Body the ysici
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	st be used ent ent spit deat
	relection a hour to critical
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such suitten approval must be obtained before the remains are embalmed or final disposition is made.
	ody s: (1) D.O./
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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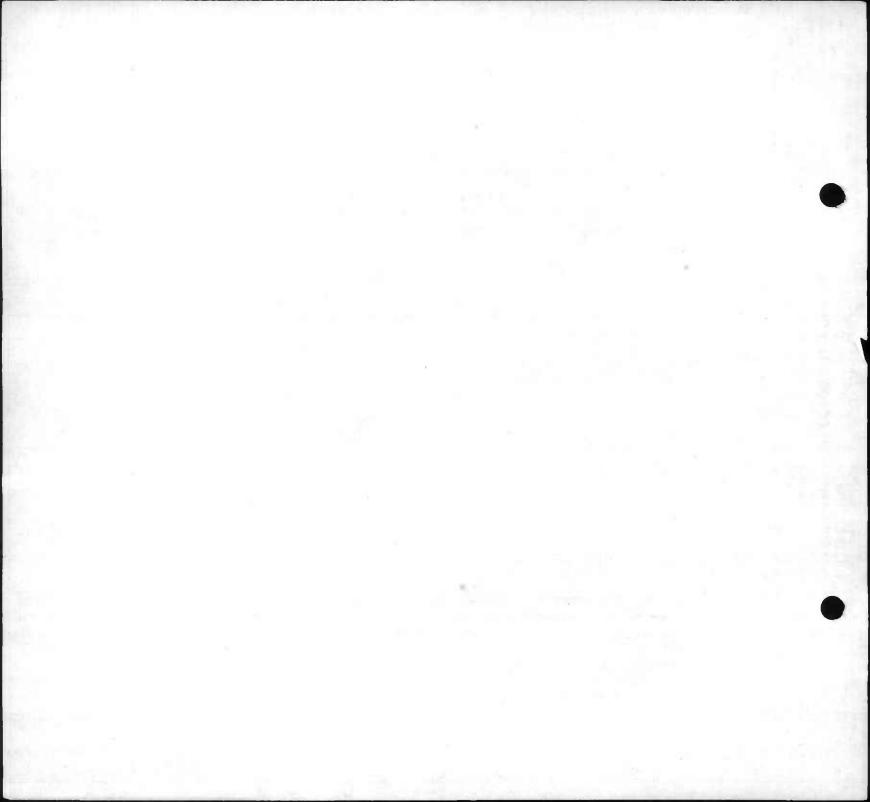
BRTH NO. 66 0	0110	TE OF DEATH	Registered No.	-GG 00149
M.E. CASE NO.	CERTIFICA			3.2.4.0
(Type or Print) Caroline B.	Gaddis		HOUR OF DEATH	
3. PLACE OF DEATH IN BALTIMORE MARYLAN		14. USUAL RESIDENCE (Where	ary 6, 1966	nstitution: residence before admission)
		A. STATE B. COUNT	Υ	50=14
FULL NAME DF (If not in hospital or inst	titution, give street	Maryland		7 1-11
INSTITUTION		C. CITY OR TOWN (If outsi	ide city limits, write	RURAL ond give township)
Gaddis Nursing H		Baltimore D. STREET ADDRESS (If re	otol, give location)	
218 Ridgewood Ro				03.03.0
Baltimore, Maryl 5. SEX 6. RACE 77. M	and 21210 ARRIED, NEVER MARRIED	8. DATE OF BIRTH 19.	AGE (In years	21 210 If Under 1 Yr., If Under 24 Hrs.
W W	IDOWED, DIVORCED (specify)		ost birthdoyl	Months Doys Hours Min.
Female White	Single	11. BIRTHPLACE (Stote or foreign	90	12. CITIZEN OF
done during most of working life, even il retired)				WHAT COUNTRY?
	rsing Home	Wheeling, W. Va		
13. FATHER'S NAME		14. MOTHERS MAIDEN NAM	E	
Allen R. Gaddis	S	Jennie Bentle	эу	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (III yes, give wor or dotes at s	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No None	SECURITI NO.	Mrs. Mary Kjelga	ard 327	Upland Rd.
18. 4. 4. 5 V	CAUSE O		7-1	INTERVAL BETWEEN
DISEASE OF CONDITION DIRECTL	γ ,	0 1	7	ONSET AND DEATH
LEADING TO DEATH	(A) (24	o aro- Vascul	ar Desi	Es 4-6 monter
(This does not mean the made of dying		X-12	o The	min 3 M Palla
heart failure, asthenia, etc. It means the d injury ar camplication which coused death		regestire!	er wed	are 35 th arrive
ANTECEDENT CAUSES	(B) 11	MARRELLA	A.	Granux.
DISEASES OR CONDITIONS, if any,	giving DUE TD.	Sup Reveleuxe	Del.	1
rise to the above cause (A) statis	ng the (C) 7	AA	****	
ONDERLING CONDITION Idsi.		1//		
DTHER SIGNIFICANT CONDITIONS CONTR	RIBUTING	51.1		
TO THE DEATH BUT NOT RELATED DISEASE DR CONDITION CAUSING IT.				
U 19A. DATE OF OPERATION 198. CONDITION	N FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE	FINDINGS CONSIDERED
WAS PERFORMI			IN CERTIFYING CA	AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of	or obout 21 C. WHERE DID	(If in Baltimor	re City, give exact location)
▼ DEATH (notify medical examiner)	etc.)	not singly into all occors.		
21 D. TIME (Month) (Doy) (Year) (Hor	ui) 21 E. INJURY OCCURRED	21 F. HOW DID INJU	RY OCCUR?	
S OF INJURY	While At Not While	е		
	Work At Work		111 0	
22. I certify that (I) (this hospital), otte	1	//	164 to you	1966.
that (I) (we) lost sow the deceased all			rin(my) (🖚) opi	inlan deoth occurred on the date
and hour and from the couses stated of	bave. (1) (We) (did (did not) v	iew the body after deoth.		
23A. SIGNATURE				23 B. DATE SIGNED
11/T/La	ake M.D. Atte	s. Med. S	hy s.	1-6-66
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		
1177	M.D.			
24A. BURIAL CREMATION, 24B. DATE	24C. NAME OF CEMETERY OF CRE	MATORY 24D, LO	CATION (C	ity, town, or county) (Stote)
Burial 1 - 8- 66	Druid Ridge Cen	neterm Dib	cesville, M	ld.
	HAME OF REGISTRAR	25C. FUNERAL DIRECTOR	.esville, n	AODRESS /
JAN 7 1966 (P.C.)	& Janey M. A.	D. M. Tid	0_	Bedlo. md. 1
Vs 150-PEV 1/1/65	A M M	many your	rest son	with I a pour



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BIRT	H NO.	MEDI	ICAL EX	(AMINER'S C	ERTIFICATE (OF DEATH Registe	ered Na		
M.1	L CASE NO.								
	NAME OF DE	ECEASED			2. DA	TE AND HOUR PRONOUNC	ED DEAD	100	
,		JOSEPH WISNI	EWSKI			January 5, 196	6	7:00	PA
3. P	LACE IN BA	LTIMORE, MARYLAND, W	HERE PRONOL	JNCED DEAD	4. USUAL RESIDENCE	(Where deceased lived, If ins	titution: resid	ence before o	dmi s sic
FILI	L NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	ITION CLVE STREET	Maryla	and			
HO	SPITAL OR	ADDRESS OR LOCA	TION)	SHORT, GIVE STREET		f outside corporate limits, writ	e RURAL on	d give towns!	nip)
. 7					Baltin	nore	5	01	
10		527 S. Caroli	ne Stre	et	D. STREET ADDRESS	(If rural, give location)			
						. Caroline St.	P. L.		
5. S	EX	6. RACE		NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years		1 Yr. If Unde Days Hours	
	male	white	Widow			1886 79			
	USUAL OC	CUPATION (Give kind of work	TOB. KIND OF	F BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZE	N OF	-
don	e during most o	f working life, even if retired)	Balt	imore City	Poland		Pol	and	
13.	FATHER'S NA	ME			14. MOTHER'S MAIDEN	NAME			
		SED EVER IN U.S. ARMED		16. SOCIAL	17. INFORMANT	<u> </u>	ADDRESS		
(Yes		(If yes, give wor or dote	s of service)	SECURITY NO.	T 187	L ZCOA Nambb	T)7	
	No		5111			lt 3624 North	lern r		
	18.	22.11		CAUSE	OF DEATH			INTERVAL BE	
	DISE	ASE OR CONDITION DI	RECTLY				The same		
	(This does	LEADING TO DEATH not meen the mode of	dving e.g.	Auter 10	sclerotic car	rdiovascular di	sease		
	heart failu	re, osthenio, etc. It meons complication which coused	the disease,	DOE 10					
	DISEASES	OR CONDITIONS, IF A		(B)	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		***************************************	*****************	**********
	RISE TO T	HE ABOVE CAUSE (A) ST	TATING THE	DOE 10					
z	UNDERLI	ING CONDITION LAST.		(C)	w 0 w 0 w 0 w w w w w w w w w w 0 w w w 0	ou		u a o a a a a a a a a a a a a a a a a a	
ē		ll l	-						
3	OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTII	NG			10000		
三		DEATH BUT NOT REI		HE	***************************************	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
ERTIFICATION	19A. DATE C	OF OPERATION 198, CON		WHICH OPERATION	20A. AUTOPSY? (Yes	or No. 20B. IF YES, WERE F			
O	0	WAS PER	FORMED		no	IN CERTIFYING CAU	SES OF DEA	ATH?	
Ι₹	21 A. EXTERN	AL CAUSE WAS	21 B.	PLACE OF INJURY (e.g.,	in or obout 21C. WHERE	DID (If in Boltimore City, g	ive exoct lo	cotion)	
EDIC,	UTING CA	USE OF DEATH.	etc.)	, form, foctory, street,	omce orage, INJURI OCC	OKI			
Σ	21D TIME	(Month) (Doy) (Year	r) (Hour) 2	TE. INJURY OCCURRED	21F. HOW D	D INJURY OCCUR?			
	OF INJURY				WHILE				
	22.		m. V	WORK AT W	ORK				
1		ertify that I held an I	nquiry 🗌	Inspection X Au	psy and that	an this basis, death in	my apinian		
	res	ulted fram: Natural cap	yses X A	Accident Sulgid	le Hamicide	Undetermined mann	er 🗌		
		1)1/		4	/-	AL EXAMINER			
	ACTU		MIN	The lank	ASSISTANT MEDIC	AL EXAMINER X		DATE SIC	SNED
	SIGNA	. 1////	10-11	COLA CIAM.D	ASSOCIATE MEDIC			1-6-66	
		(Type) Rudiger	Breiten	ecker, M.D. /	A SOCIATE MEDIC	AL EXAMINER [
	. BURIAL CI	REMATION, 23B. DATE		C. NAME OF CEMETERY	or CREMATORY	23D. LOCATION (City	y, town, or c	ounty) ((Stote)
REA	MOVAL (Spec		66	Wale Passer	Comptant	Boltimone Co	s/ Ma	FA F. II.	
244	Buria	1 1/10/0		Holy Rosary	24C. FUNERAL DI	Baltimore Co		DDRESS	
"		JAN 7 1966	00	IT E. Jakum	John M	Weber & Son 401 S. Che	as Inc	2.	
		01111	1990	A - 1 gostage		401 S. Che	ester	St.	

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00 00454	BALTIMORE	CITY HEALTH DEPARTMENT	00 00454
BIRTH NO. 66 00151	CERTIFI	CATE OF DEATH Registered No.	66 00151
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AND HOUR OF DEATH	
(Type or Print)	SSICK	1-5-60	6 30 A
3. PLACE OF DEATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Where deceased lived, 11 in	
		A. STATE B. COUNTY	105
FULL NAME DF (If not in hospital HOSPITAL OR oddress or location	or institution, give street	MARYLAND /	- 00
INSTITUTION		C. CITY OR TOWN (If outside city limits, write I	(URAL ond give township)
UNIVERSITY		BALTIMORE	
HOSPITAL		D. STREET ADDRESS (If rurol, give location)	_
		2118 BANK STREE	
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specifi	y) 8. DATE OF BIRTH 9. AGE (In years lost birthday) 2/23/96 69	If Under 1 Yr. II Under 24 H Months Doys Hours Min.
	MARRIED	2/,23/96 69 JSTRY 11. BIRTHPLACE (Stote or foreign country)	
done during most of working life, even if retired)	KIOR KIND OF BOSINESS OK INDI	JSIRT II. BIRTHPLACE (State or toreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE		MARGLAND	USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
-mass	C -2 K1		
JAMES LIJ			
5. Was Decoasod Ever in U. S. Armed Fo Yas, no ar unknown) (II yas, give war ar date	es of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		OLD CHT.	
18. 176 V	CAU	SE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DI	D. C. T. V		ONSET AND DEATH
LEADING TO DEATH	RECIEI	METASTATIC CA OF BREE	KT 1 500 S
(This does not meon the mode of	dying, e.g., DUE TO	JETROUBLIC CH OF DEEL	a cothe
heart failure, asthonia, etc. 11 moans	the disease,		
injury or complication which caused			
ANTECEDENT CAUSES	DUE TO)	
DISEASES OR CONDITIONS, IF			
rise to the obove couse (A) UNDERLYING CONDITION last.	staling the (C)	***************************************	· · · · · · · · · · · · · · · · · · ·
ONDERETING CONDITION Idea.			
z 11			
O THE DEATH BUT NOT RELA			
DISEASE DR CONDITION CAUSING	IT.	1951	
	NOTION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING CAI	FINDINGS CONSIDERED USES OF DEATH?
02/17/60	CB BREAST	U Lataciana	
OR CONTRIBUTING CAUSE OF	home, lorm, loctory, stre	e.g., in or obout 21 C. WHERE DID (If in Boltimore et, office bldg., INJURY OCCUR?	City, give exoct location)
DEATH (notily medical examinar)	NO etc.)		
21D. TIME (Month) (Doy) (Year)	(Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
S OF INJURI	While As == New	While	
(APPROX)		Work L	
22. I certify that (I) (this hospita		Jen 3 1965 to	Jan 4 19 68
that (I) (we) lost sow the decease		19 65 and that in (my) (or) opin	
			nion deoth occurred on the d
and hour and from the causes sto	ted obove. (I) (We) (did) (did)	(at) view the body ofter death.	
23A. SIGNATURE			23B. DATE SIGNED
Tholaest 5	Olone M.D.	Attending Med. Stoff Phys.	15/16
23 C. PHYSICIAN'S		23D. ADDRESS	00
NAME (Type)	STONE	1	3 22:-: 22 0
ROBERT T.		M.D. 4202 GREEN WAS	BALLO, 18/1
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY o	OF CREMATORY 24D. LOCATION (Ci	ly, town, or county) (State)
Bi10101 1/2/1	1. Hold Real	OF CEMETERY BATTIMARE	MA
25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR - TO COMP	ADDRESS
JAN 7 1966	R.O. F. E. Jarbey M.	1 JOHN M. WEBERY SONS	ING
	Marie C. dansair.	401 2, 6,	HESIER SI
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BALTIMORE CITY HEALTH DEPARTMENT 66 00152 Registered No. 66 00152 CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) 5, 1966 Jan. Victoria William
3. PLACE OF DEATH IN SALTIMORE, MARYLAND RESIDENCE (Where deceased lived, If institution: residence before admission) Maryland FULL NAME OF HOSPITAL OR (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside city limits, write RURAL and INSTITUTION Baltimore 1215 W. Lanvale St. D. STREET ADDRESS (If rurol, give location) 1215 W. Lanvale St. 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. Months: Doys 5. SEX If Under 24 Hrs. WIDOWED, DIVORCED (specify) Hours lost birthdoy) 31,68 Widowed Female Negro ICA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Md. 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME Rosie Mason Jacob Forber 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wor or dotes of service) 17. INFORMANT ADDRESS 6. SOCIAL SECURITY NO. 1215 W. Lanvale St. Rose Holly No CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., hearl foilure, asthenia, etc. Il means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 9A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, lorm, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) MEDICAL DEATH (notily medical examiner) etc.) 21 D. TIME (Month) (Doyl (Year) (Hour) 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) At Work Work 22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive an... and that in(my) (our) apinian death accurred on the date and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED Attending Phys. M.D. Med. Stoff Director Phys. 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type 24A. BURIAL CREMATION, 24B. DAT 24C. NAME of CEMETERY OCATION REMOVAL (Specify) Baltimore, Md. 1/8/66 Peters/Cem. Burial 25C. FUNERAL DIRECTOR 25A. DATE REC'D BY HEALTH DEPT. 25B NAME OF BEGISTRAR ADDRESS

VS 150-REV. 1/1/65



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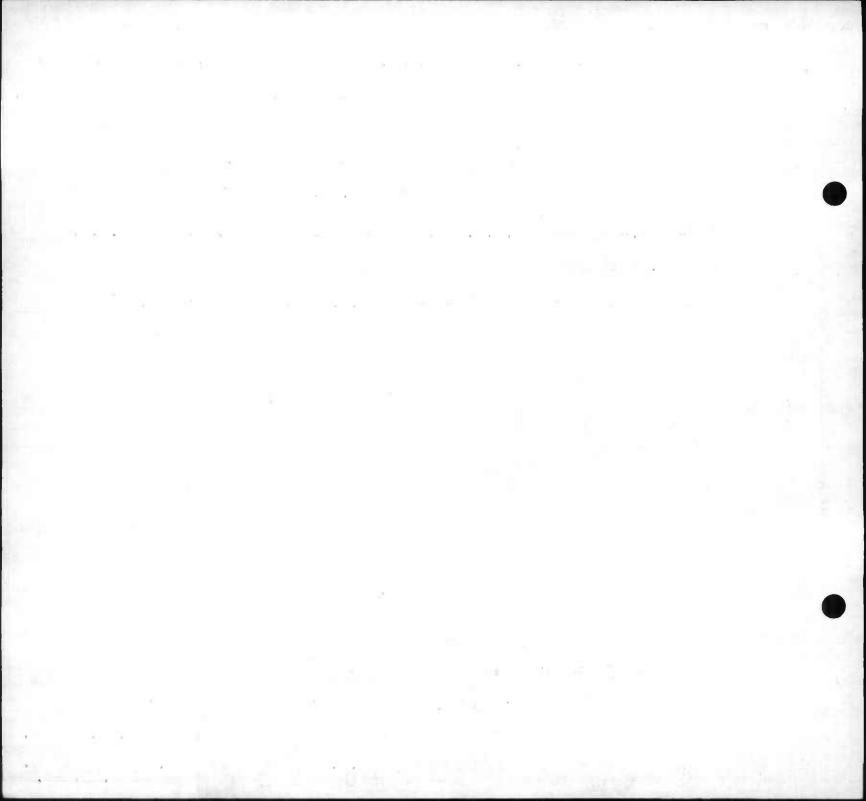
COUSE

	00 00450	BALTIMOR	E CITY HEALTH DEPAI	RTMENT	66 00153
BIRTH	No. 66 00153	CERTIF	ICATE OF DI	EATH Registered No.	()() ()()()()
	ASE NO.			2. DATE AND HOUR OF DEATH	
(Туре	or Print) Jo	hn D. Williams,	Jr.	January 6, 19	
3. PLA	CE OF DEATH IN BALTIMORE,	MARYLAND	A. STATE	DENCE (Where deceased lived, If i	nstitution: residence before admission)
HO!	L NAME OF (If not in hosp SPITAL OR oddress or loc TITUTION	pitol or institution, give street cotion)	C. CITY OR TO		RUNAL and give township)
-0	** 1 *			imore	
20	Hopkins	Apts.	D. STREET ADD	ins Apts.	
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRT	H 9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
	M W	Never Marrie	ed Feb.22,	1898 10st 67	Months Doys Hours Min.
	SUAL OCCUPATION (Give kind of uring most of working life, even if retin	work 108, KIND OF BUSINESS OR INC	DUSTRY 11. BIRTHPLACE	(State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	e-PresRetire		Favett	eville, N. C.	U.S.A.
	THERS NAME		14. MOTHER'S A	MAIDEN NAME	
Jo	hn D. Williams		Laura	Pemberton	
15. Wa (Yes, no	s Deceased Ever in U. S. Armed or unknown) (If yes, give wor or	d Forces? 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	Yes ?			asty, 13 South	St.
18.	450.01		USE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION	DIRECTLY	12	1. P.T. O.C.	· ·
(T	LEADING TO DEA	(A)	Umy o brown	uc favir very	an 5 yrs
he	earl failure, asthenia, etc. Il mo jury ar camplicalian which cau	eans the disease,	-	luc Latinal Scler clerisis	.2
	ANTECEDENT CAL	JSES (B)	allenos	clereses	
D	ISEASES OR CONDITIONS,	DOE	10		
ris	se to the above couse NDERLYING CONDITION task	(A) stating the (C)		MA A A A B B B B B B B B B B B B B B B B	
-	11				
ET	THER SIGNIFICANT CONDITION O THE DEATH BUT NOT SISSEASE OR CONDITION CAUSI	RELATED TO THE	monen		1 whe
ERTIFIC.		CONDITION FOR WHICH OPERATION PERFORMED	N 20A. AUTOPS	Y? (Yes or 60) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
U 21	A. ACCIDENT WAS UNDERLYIN R CONTRIBUTING CAUSE OF EATH (notify medical examiner)	NG 218. PLACE OF INJUR home, form, foctory, s'	Y (e.g., in or obout 21 C. W treet, office bldg., INJURY	HERE DID (If in Boltimo: OCCUR?	re City, give exact location)
21 OF	D. TIME (Month) (Doy) (Y FINJURY PPROX.)	While At N	lot White	OW DID INJURY OCCUR?	
22	. I certify that (1) (this has	pital) ottended the deceased, from	01/1/42	19 to //	6/46 19
1 1		eosed olive on 1/5/46			Inlan death occurred on the date
1 1		stated obove. (1) (#e) (did) (did	not) view the body a	fter death.	
	A. SIGNATURE	- 111	T		23B. DATE SIGNED
	tran	ers W Hluck M.	D. Attending Phys.	Ned. Stoff Phys.	
23	C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		
	Fran	ncis W. Gluck	M.D. 100 W.	University Pk	wy.
R	REMOVAL (Specify)		OF CREMATORY		City, town, or county) (Stote)
Bu	rial 1/10/	1966 Woodlawn		Woodlawn,	Balto.Co., Md.

25C. FUNERAL DIRECTOR
H.W. Jenkins

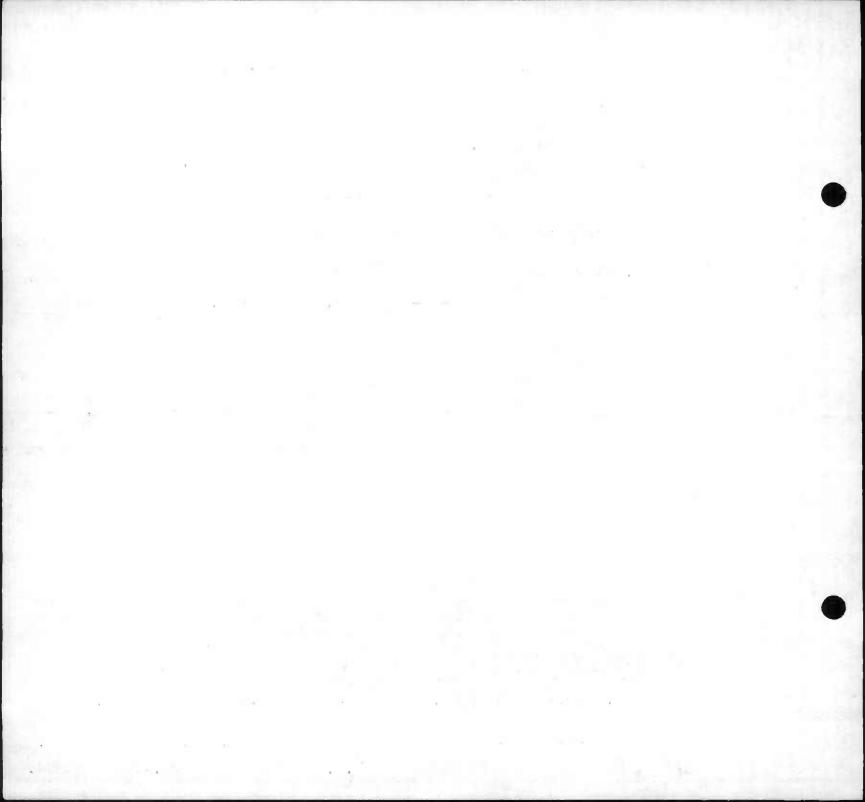
& Sons

Co. 4905 York Rd. Balto.12, Md.



VS 150-REV. 1/1/65

BALTIMORE CI	TY HEALTH DEPARTMENT
BIRTH NO. 66 00154 CERTIFIC	ATE OF DEATH Registered No. 66 00154
M.E. CASE NO. 1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
Type or Print) HEDLEY A. CLARK	Jan. 6, 1966
PLACE OF DEATH IN BALTIMORE MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission
	A. STATE B. COUNTY
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
2832 Guilford Ave.	Baltimore D. STREET ADDRESS (If rurol, give location)
O ZOJE dullioid AVO.	2832 Guilford Ave.
SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. , If Under 24 Hrs
M Widowed, Divorced (specify) Married	2-3-1894 lost birthdoy Months Doys Hours Min.
6A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTI one during most of working life, even if retired)	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Electrical Engineer Gas & Electric	New York USA
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Hedley A. Clark	Margaret Moran
5. Wos Deceosed Ever in U. S. Armed Forces? es,no or unknown) (If yes, give wor or dates of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
Yes WW 1 212-05-64	57 Mrs. Drucilla A. Clark Above
1B. LA 2011 CAUSE	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH	Coronary Thrombosis I how rousey A Cherosclerosis 10 years
(This does not mean the made of dying, e.g., DUE TO	
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES (B)	rough of therosclerosis 10 years
500 10	
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UNDERLYING CONDITION IOSI.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
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OR CONTRIBUTING CAUSE OF home, form, foctory, street,	office bldg., INJURY OCCUR? (If in Boltimore City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY	
(APPROX.)	
22. I certify that (1) (shis hospital) attended the deceased fram	April 13 1960 to January 6 1966
that (1) (we) last saw the deceased alive on January	
and hour and fram the causes stated above. (1) (Waterated) (did not	
23A. SIGNATURE	23B, DATE SIGNED
1 20 x 4	
Jacan Jacan of	hys. Director Phys. Danking 1, 176
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
L. Myrten Gaines Jr. M.	7800 York Rd., Towson 4, Md.
4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF	
REMOVAL (Specify)	
Burial 1-8-66 Moreland Mem	orial Balto. Co. Md.
IAN 7 1966 (2 0 6- 2 STALLOW MA	
AUIT . I INDO CIPCIONO AN ALLANDO	H.W. Jenkins & Sons Co. 4905 York Rd.



(4.0)	BALTIMORE CITY HEALTH DEPARTMENT	
sed the the uch	RTH NO. SE CASE NO. CERTIFICATE OF DEATH Registered No. OUISS)
O D O	NAME OF DECEASED POPO OF PRINT HOWARD CLIFTON BUSSE SK. 2. DATE AND HOUR OF DEATH 1-2-66 4:4	OPM
pital of d Dece ce on ath.	PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE Where deceosed lived, If institution: residence before of A. STATE 8. COUNTY	idmission)
hos USe (5)	FULL NAME OF (If not in hospital or institution, give street oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township)	
in a cause; ause; author to	FRANKLIN SOURCE HOSPITAL D. STREET ADDRESS (If rural, give location)	0.0
uting ed a	1554 WESTFIELD AL) 24 H
occur ontrib ermin regul	SEX 6. RACE 7. MARRIED, REVER MARRIED WIDOWED, DIVORCED (specify) 4-6-0/ 9. AGE (In yeors lost birthdgy) Month's Doys Hours	er 24 Hrs. Min.
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t be a sed to ant of apital eath) ust b	and haur and from the causes stated abave. (I) (We) (did) (did nat) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED	117
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was r An ac A. at a prior	PRESIDENTS V. DE BORSAMO. PRANKLIN SOUBRE HO	- 42
T >E O B B	REMOVAL (Specify) BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY BURIAL CREMATOR	(State)
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	BALTIMORE CITY	HEALTH DEPARTMENT		1.50
BIRTH NO. M.E. CASE NO. 66 00156	CERTIFICA	TE OF DEATH	Registered Na.	10156
1. NAME OF DECEASED (Type or Print) AMY GRACE PHILI	TPS/S	2. DATE AND	HOUR OF DEATH	· SIC-AM
3. PLACE OF DEATH IN BALTIMORE MARYLAND	1510	4. USUAL RESIDENCE (Where	1///	ution; residence before admission)
FULL NAME OF (If not in hospital or institution, HOSPITAL OR oddress or location)	give street	A. STATE B. COUNTY	1	15-17
INSTITUTION CARAL HARRIT	A-		MORE	AL and give township)
OF BALL	MOKE	D. STREET ADDRESS (IF TO	rol, give location)	TVE # 15
F WIDOWE WIDOWE	, NEVER MARRIED D, DIVORCED (specify) dowed	7? 1880 "	3 2	f Under 1 Yr. If Under 24 Hrs.
10A, USUAL OCCUPATION (Give kind of work 108, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country)	2. CITIZEN OF
done during most of working life, even if retired) Housewife		BALTII	TAKE	WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAMI	E	C' - / -
Frederick		Ella ?		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	Nona	Carroll S. Mi	tchell 1702	E. 33rd St
18. 15 - 7 \	CAUSE OF		2,02	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	270			ONSET AND DEATH
LEADING TO DEATH	(A) (C)	PULMONA	-Ry	12 HOURS
(This does not mean the made of dying, e.g., heart failure, osthenio, etc. It means the disease				***************************************
injury or camplication which caused death.)		ALAT	MA	和一种.
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19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	A PANCEA	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINI IN CERTIFYING CAUSE	DINGS CONSIDERED S OF DEATH?
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₹ (APPROV)	nile At Not While			
We was a second of the second		1		1.01//
22. I certify that (I) (this hospital) attended to	110111	1 1	to	15/66 19
that (I) (we) last sow the deceased alive an	1 1 0		in(my) (aur) apinla	n death occurred an the date
and hour and from the causes stated above. (I) (We) (did) (did nat) vi	iew the bady after death.		
23A. SIGNATURE	1-		23	B. DATE SIGNED
P. 9. 12a	M.D. Atte	nding Med. St Director P	off ys. Julian	115/66
P. g. Red 23C. PHYSICIAN'S NAME (Type) P. J. REDO)	y M.D. 2	3D. ADDRESS		
24A. BURIAL CREMATION, 24B. DATE 24C.N	AME of CEMETERY OF CRE	MATORY 24D. LOC	CATION (City.	town, or county) (State)
REMOVAL (Specify)				
	reenmount Ceme		Baltimore, Ma	
JAN 7 1966 Robert E. Fa	Of REGISTRAR	Wm. Cook+Brooks	s Inc. 1217	St. Paul St. 2120
VS 150-REV. 1/1/65	3 0 5	1 0 1 3 3	- 4::Y 1 1	TI AUGI DE ELEO

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FUNEKAL DIRECTOR: IMPORTANI
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
written approval must be obtained before the remains are embalmed or final disposition is made.

WIOWED, DIVORED (specify) Never Married 10. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. PATHERS NAME 14. MOTHERS MAIDEN NAME 15. WOS Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO. 18. A DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) DISEASE OR CONDITIONS if any, giving inse to the diseases, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASE OR CONDITION S. If any, giving inse to the diseases, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASE OR CONDITION OS. OTHER SIGNIFICANT CONDITION COUNTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING ID THE DISEASE OR C			Y HEALTH DEPARTMENT	(1/2 (1)) 8 = 100
1. HAME OF DECEASED 3. PLACE OF DEATH IN BALTIMOR, MARTLAND 3. PLACE OF DEATH IN BALTIMOR, MARTLAND 4. USUAL RESIDENCY INVESTIGATION of Second lived, It institution: residence before odd for the property of the property	BIRTH NO.	57 CERTIFICA	ATE OF DEATH Register	ered No.20 01157
FULL NAME OF (If not in haspital or institution, give steel address or locotion) Mercy Hospital OR NSTITUTION Mercy Hospital To City Or Town (If outside city limits, write RURAL and give township) D. STREET ADDRESS (If rural, give location) D. STREET ADDRESS (If rural, give location) ACCUPATION (Give kind of work) Never Married 103. USUAL OCCUPATION (Give kind of work) 108, RIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 11. BIRTHPLACE (State or foreign country) 12. CITY OR TOWN (If outside city limits, write RURAL and give township) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEMBED IN 11. BIRTHPLACE (State or foreign country) 15. WAS DECEMBED AND IN 11. BIRTHPLACE (State or foreign country) 16. SOCIAL STATE B. COUNTY 17. INFORMANT ADDRESS 18. ADDRESS 18. ADDRESS 18. ADDRESS 18. ADDRESS 18. ADDRESS 19. ADDRE	Type or Pant Lames M. Ru	55e // II,	1/5/66	11 30 A
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22. I certify that (1) (this hospital) attended the deceased from 15/6 19 to 15/6 19	TISE IN THE OBOVE COUSE (A) SIGNIFICANT CONDITION IN TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITIONS OF CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (F. 198. CONDITIONS) CAUSE OF DEATH (notify medical examiner)	ITRIBUTING D TO THE ION FOR WHICH OPERATION MED 218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) Hour) 21E. INJURY OCCURRED While At Not Wh	in or about 21 C. WHERE DID office bldg., INJURY OCCUR?	in Boltimore City, give exact location)
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H NO.	66	00 MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATHR	egistered NoSS	00158	1
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M.	E CASE NO.							
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		ROBERT PETER					ary 6, 1966	2:35 P _M .
	LL NAME OF	TIMORE, MARYLAND, W			A. STATE Ma	ryland	B. COU	
HC	SPITAL OR	ADDRESS OR LOCA	TIONI	HON, GIVE STREET		WN (If outside 1)		RURAL and give lownship)
	3	3500 Noble St.			D. STREET ADDI	RESS (If rurol,		
5. 5	EX	6. RACE		NEVER MARRIED	B. DATE OF BIRT	H 2	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
	male	white	Ma	orver (specify)		166	40	Months, Doys Hours Min.
		UPATION (Give kind of work working life, even if retired) REA	Eskay	4.	AA	(Stote or tores	gn country)	12. CITIZEN OF
13.	FATHER'S NAM	mas Peters			14. MOTHER'S M		-	
	WAS DECEASE	ED EVER IN U.S. ARMED		16. SO CIAL	17. INFORMANT	lice Sp	700070	ADDRESS
(Ye	s, no or unknowr	(If yes, give wor or date	s of servicel	SECURITY NO.	A1 11	, ,	0 , 250	00 11 11 51
_	nes	WW11		yes	E OF DEATH	elen (.	reters 350	Noble St.
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	NAME (Type) Radiger	Breitene	cker, M.D.	ASSOCIATE M	EDICAL E	XAMINER	
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24	urial A. DATE REC'D			Baltimore No			•	
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VS	151-REV. 1/1.	/65	1 9	6 6 0	OAI		3	T

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BALTIMORE CITY HEALTH DEPARTMENT 66 00159 Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) January 4, 1966 harlotte 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before 3. PLACE OF DEATH IN B. COUNTY Manuland (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location C. CITY OF TOWN (If outside city limits, write RURAL and give township INSTITUTION Himore (If rurol, give location) 1519 Lochwood Road 1519 Lochwood Road 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. WIDDWED DIVORCED (specify) 10/18/1883 lost birthday Hours Female White IGA USHAL OCCUPATION (Give kind of workings, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A. Housewile Baltimore, Maryland 13. FATHER'S NAME Joseph J. Gilbert Charlotte A. Flaherty 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. No 1519 Lochwood Road Logan CAUSE OF DEA INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, osthenio, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating the UNDERLYING CONDITION last CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198 CONDITION FOR WHICH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218, PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bidg., INJURY OCCUR? (If in Boltimore City, give exact location) DEATH (notify medical examined etc.) MEDIC (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX) Work At Work 22. I certify that (1) (this haspital) attended the deceased from and that in (my) ppinian death accurred on the date and have and from the causes stated above. (1) (10) (did) (did not) view the body after death. 23A. LIGNATURE 23 B. DATE SIGNED Attending Z Med. M.D. Stoff Phys. Director 28C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 24A. BURIAL CREMATION, CREMATORY REMOVAL (Specify) Bunia New (athedral emetery | 25C. FUNERAL DIRECTOR 25B NAME OF REGISTRAL John A. Maran Inc. 3000 E. Baltimore St.

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ı	BALTIMORE CITT HEALTH DEPARTMENT	100
	BIRTH NO. 66 0016 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Register & No. 00	1.50

M.E. CASE NO.						
I. NAME OF DEC	EASED				HOUR PRONOUNCE	
	MARY DAVIS				ary 6, 1966	8:50 A M
3. PLACE IN BALTI	MORE, MARYLAND, W	HERE PRONOL	JNCED DEAD	4. USUAL RESIDENCE (Where	deceosed lived. If insti B. COU	tution: residence before admission
FULL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	JTION, GIVE STREET	Maryland C. CITY OR TOWN (If outside		
wellin Bull	FICATE		CMDED	Baltimor		7-12
		nwood A	1/18/66	D. STREET ADDRESS (If rurol,	V	
	012 616	n Doowiii	.ve.	812 Glen	wood Ave.	
5. SEX	6. RACE		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hr. Manths, Days, Hours, Min.
female	white	Wido		1/6/77	89	
IOA. USUAL OCCU				Y 11. BIRTHPLA (State or foreign		12. CITIZEN OF WHAT COUNTRY?
		Own H	Ome	Maryland		U.S.A.
3. FATHER'S NAM	Ē		Ome	14. MOTHER'S MAIDEN NAME		
	Unknown) Buc			UNKNOWN	MARY O'N	
	O EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT	ragut St. N	ADDRESS
no				Mary H. Stevenso		
18.	2.1		CAUSI	OF DEATH		INTERVAL BETWEEN
DISEAS	E OR CONDITION DI	RECTLY				ONSET AND DEATH
	LEADING TO DEATH		(A) Arteri	iosclerotic cardi	ovascular d:	isease
(This does not heart failure,	ot meon the mode of osthenio, etc. It meons	dying, e.g., the disease,	DUE TO	***************************************		***************************************
injury or com	aplication which coused	deoth.)				
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	OR CONDITIONS, IF A		DUE TO			
	G CONDITION LAST.	IAIING INE				CHLI CAR DO L
8			(C)			
A OTHER SIGN	II	CONTRIBUTU	N.G.			
O THE	DEATH BUT NOT RE	LATED TO T	HE			
OTHER SIGN TO THE I DISEASE OR	OPERATION 198, CON		WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES. WERE FIL	NDINGS CONSIDERED
Ö	WAS PER				IN CERTIFYING CAUS	
ZIA. EXTERNAL	CAUSE WAS	21 B.	PLACE OF INJURY (e.g.,		If in Boltimore City, gi	
O UNDERLYING UTING CAUS	OR CONTRIB-					ve exact location)
	SE OF DEATH.	etc.)	, torm, toctory, street,	office bldg., INJURY OCCUR?		ve exact location)
7	SE OF DEATH.	etc.J	TE. INJURY OCCURRED	office bldg., INJURY OCCUR?	RY OCCUR?	ve exact location)
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	L NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	TION, GIVE STREET	M	aryland		
	TUTION	ADDRESS OR LOCA	(TION)					RURAL and give tawn
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5	Mam	land General	Hospita	1	D. SIREEL ADI		. Royal Ave	
5. SI		6. RACE	7. MARRIED, I	NEVER MARRIED	8. DATE OF BIR		9. AGE (In yeors	If Under 1 Yr. If Un
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dane	Ship Fi	varking life, even if retired) .tter	Bethleh	em ShipBldg.	Port	Carbon,	Denna	U.S.A.
	ATHER'S NAM			J. J. J. Lugi		MAIDEN NAME	i cillia •	U.S.A.
		Edward Laver	nburg		M	ary Zeh	ner	
		D EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS
	No	, , , , , , , , , , , , , , , , , , , ,		205-05-2973	Mrs. Ion	a Lavenb	ourg 23 W	. Mt. Royal
	1B.	21		CAUS	E OF DEATH			INTERVAL ONSET AN
	DISEA	SE OR CONDITION DI		A water a serie	i touch	a aawdi a	orenanilam di	
	(This does	LEADING TO DEATH		(A)	roscretori	c cardic	vascular di	sease
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Z O				(C)				
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()	TO THE	DEATH BUT NOT REI	LATED TO TH					
프		OPERATION 198. CON	IDITION FOR W	HICH OPERATION	20A. AUTOPS			NDINGS CONSIDERED
ERTIFI	19A. DATE OF						IN CERTIFYING CAUS	
CERTIFIC	O DATE OF	WAS PERI	FORMED		n	10	III CERIII IIII CAO.	SES OF DEATH?

(Manth) (Day) (Year) (Haur) 21E INJURY OCCURRED m. WHILE AT NOT WHILE

22. I certify that I held on Inquiry

resulted from: Notural causes X

Inspection X Accident

Autopsy ond that on this basis, death In my opinion Sulcide Homicide Undetermined monner

ACTUAL SIGNATURE_ EXAMINER'S NAME (Type)

CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER X

DATE SIGNED

ASSOCIATE MEDICAL EXAMINER

23A. BURIAL CREMATION, REMOVAL (Specify)

23C. NAME of CEMETERY or CREMATORY

23D. LOCATION (City, tawn, ar county) (State)

Jan.10,1966 Burial

248, NAME OF REGISTRAR

Moreland Memorial Park 24C. FUNERAL DIRECTOR

Baltimore County, Maryland ADDRESS

Wm.Cook-Brooks, Inc.

1217 St. Paul St

2000 975 121003 2012 1 20. Car and a car

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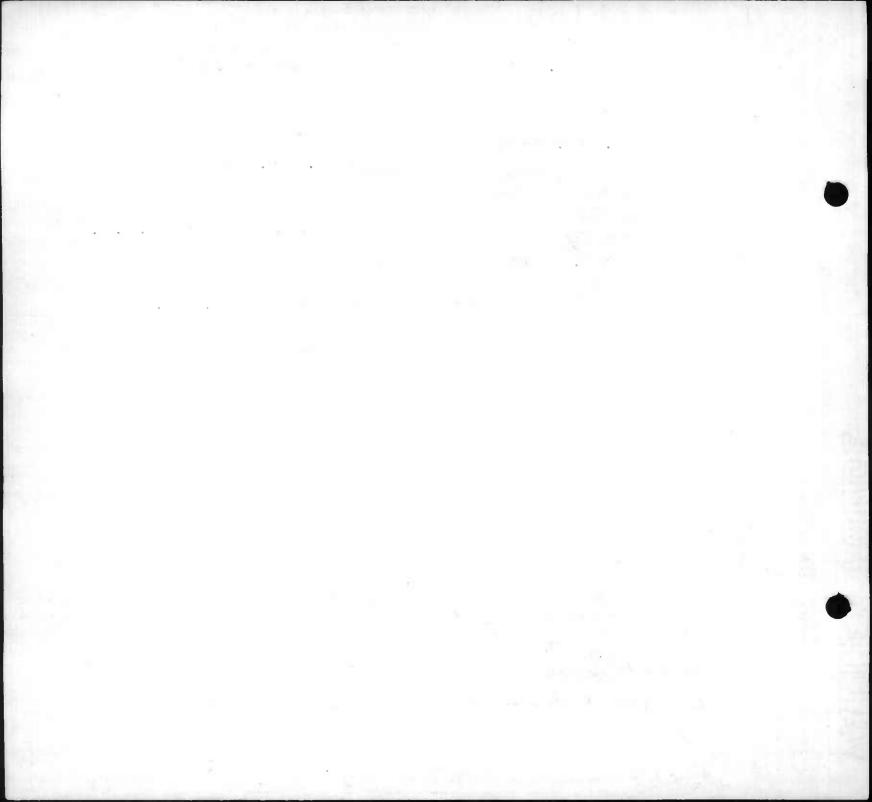
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(4) Undetermined cause; (5) Deceased

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0	No physician was in regular attendance on the deceased prior to death. Such	
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BALTIMORE CITY HEALTH DEPARTMENT Registered No._ CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) January 2, 1966 Emma W. Ball 4. USUAL RESIDENCE (Where deceosed lived If institution: residence before odmission)
A. STATE
B. COUNTY 3. PLACE OF DEATH IN BALTIMORE, MARYLAND Maryland (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) C. CITY OR TOWN (Il outside city limits, write RURAL and give township INSTITUTION Baltimore
D. STREET ADDRESS 438 E. 23rd. Street (If rurol, give location) 438 E. 23rd. Street 7. MARRIED, NEVER MARRIED 9. AGE (In years 5. SEX 6. RACE B. DATE OF BIRTH If Under 24 Hrs. If Under 1 Yr. Months: Doys WIDOWED, DIVORCED (specify) Hours Female Colored Widowed 10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U. S. A. Jersey City, New Jersey Schoolteacher 14. MOTHERS MAIDEN NAME John C. Westcott Vandelia Thompkins 17. INFORMANT ADDRESS 15. Was Deceased Ever in U. S. Armed Forces (Yes, no or unknown) (II yes, give wor or dotes of service) SECURITY NO. 002-12-9684 John Westcott 438 E. 23rd. Street CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury at camplication which caused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, to the obove cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No! WAS PERFORMED CERTIF 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF etc.) DEATH (notily medical examiner) MEDI 21 D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While OF INJURY 9 obtaine While At (APPROX.) Work and 22. I certify that (1) (this hospital) attended the deceased from 1966 that (1) (we) last saw the deceased alive an and that in (my) (aur) apinion death accurred on the date eath) and haur and from the causes stated above. (1) (We) (did) (did nat) view the bady after death. must 236/SIGNATURE 238, DATE SIGNED O Attending Phys. M.D. Med. Stolf 0 Director approval 23C. PHYSICIAN'S 23D. ADDRESS prior NAME (Type) 24A. BURIAL CREMATION. 24B. 24C. NAME of eceased REMOVAL (Specify)

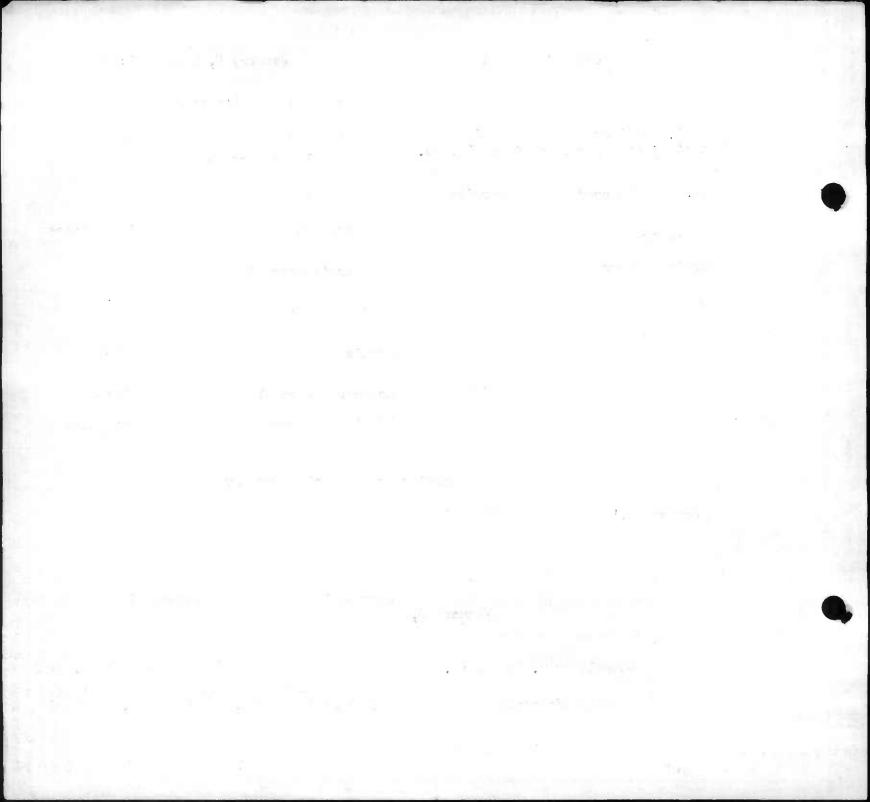
Burial 25A, DATE REC'D BY HEALTH DEFT. 25C. FUNERAL DIRECTOR V\$ 150-REV. 1/1/65



30 51 66 00164 BALTIMORE CITY HE	EALTH DEPARTMENT 66	00164	
DET 25 BIRTH NO. M.E. CASE NO. CERTIFICATE	E OF DEATH A Registered No.	00201	
1. NAME OF DECEASED Josephine Scott	January 5, 1966 at	3:00 PM	
3. PLACE OF DEATH IN BALTIMORE, MARYLAND SO S	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. COUNTY		
FULL NAME OF (If not in haspital or institution, give street address or location)	Maryland Pasadena CITY OR TOWN (If autside city limits, write RURA)	and give township)	
South Baltimore General Hospital 1213 Light Street, Baltimore 30, Md.	Pasadena		
- Doto / I lolo Timb Cimat Dalidama 20 Mil	Box 435 Hogneck Road		
WIDOWED, DIVORCED (specify)	Au 9-6-1908 9. AGE (In years total birthdoy) 57	Under 1 Yr. If Under 24 Hrs. nths Doys Hours Min.	
done during most of working the, even if refired)		CITIZEN OF WHAT COUNTRY?	
TO DE 6 9 1113. FATHER'S NAME	MOTHER'S MAIDEN NAME	111000 00000	
Garrison Green	Carrie Toogood		
(Yes, no or unknown) (If yes, give war ar dates of service) SECURITY NO.	INFORMANT	ADDRESS PASAdeNA	
15 32-3640 J	John W. Scott Rte. 11 - Bo	INTERVAL BETWEEN	
	DEATH	ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Toxer	mia	2days	
heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)			
DUE TO	rcerated Bowel	2days	
ise to the above cause (A) stating the UNDERLYING CONDITION last.	dominal Abscess 23 years		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Cardiac Arre			
TO THE DEATH BUT NOT RELATED TO THE Cardiac Arre	est during Surgery 20 A. AUTOPSY? (Yes of No) 20 B. IF YES, WERE FINDI	NGS CONSIDERED	
WAS PERFORMED Incarcerated bowel	4		
218. PLACE OF INJURY (e.g., in or home, form, foctory, street, office	r obout 21C. WHERE DID (If in Baltimore City bldgs, INJURY OCCUR?	, give exact lacation)	
D 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Not While	21F. HOW DID INJURY OCCUR?	The state of	
22. I certify that (1) (this hospital) attended the deceased from Jan	uary 3 19 66 to January	.5	
that (I) (we) last saw the deceased alive an January 5,	19 66 and that in (my) (our) opinion	death occurred on the date	
		DATE CONCE	
Consolador C. Palad In M.D. Attendi	Mad == 51-11 ==	anuary 5, 1966	
E O U B - D 22C BUNGICIANET	2239DDA		
Charles McDonald M.D. 12	South Baltimore Gener 213 Light Street, Baltimore	30, Maryland	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATION OF STATE 24C. NAME OF CEMETERY OF CREMATION OF STATE 25B. NAME OF REDISTRAL 25B. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REDISTRAL 25B. NAME OF CEMETERY OF CREMATION.	ATORY 24D. LOCATION (City, to	wn, ai county) (State)	
THE RESIDENCE OF THE PROPERTY	m. PASAdeNA	Md.	

VS 150-REV. 1/1/65

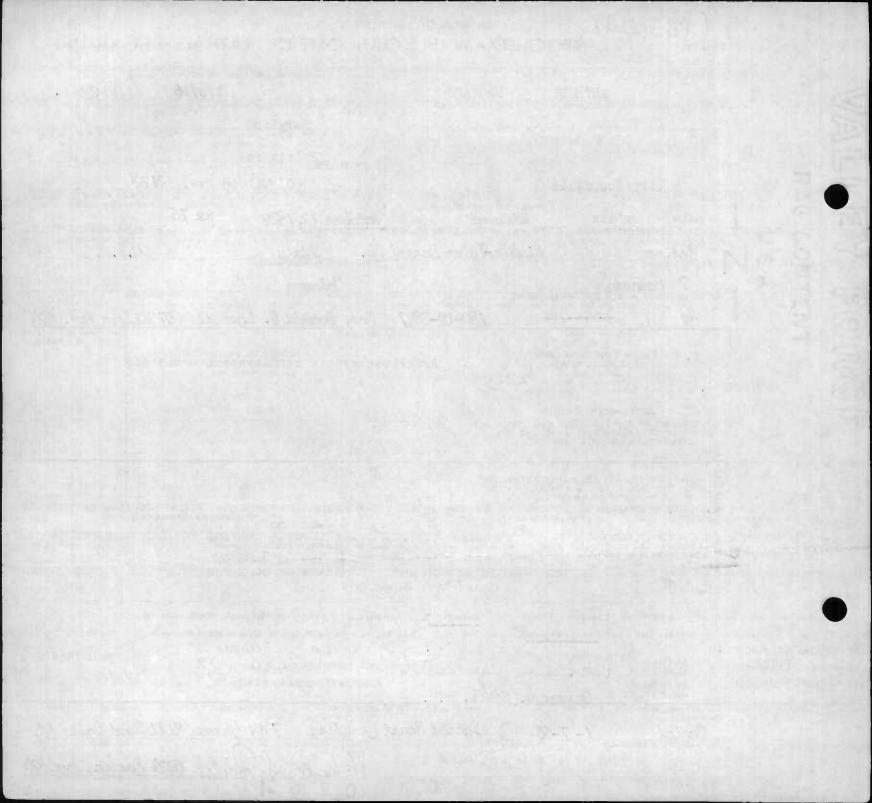
7 1966 P



JAN 7 VS 151-REV. 1/1/65

	66 (01.65		BALTIMORE CITY HEAL			X	
BIRT	H NO.	MEDI	CAL EX	(AMINER'S CE	ERTIFICAT	E OF DEA	TH Registere	od 66 00165
M.E	CASE NO.							
	HAME OF DEC	EASED				2. DATE AND HOU	R PRONOUNCED	
. ,,		ANTHONY	BA	AGNATO			1/3/66	111:55 p. M.
3. P	LACE IN BALT	IMORE MARYLAND, W	HERE PRONOL	UNCED DEAD	4. USUAL RESID	ENCE (Where decease	d lived, If institu	tion: residence before admission)
HO	L NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	UTION, GIVE STREET	C. CITY OR TOV	Maryland VN (If outside corpore	ote limits, write l	RURAL and give township)
114.2	ITOTION				F	altimore		57-00
					D. STREET ADDI	RESS (If rural, give loc	_	
		ty Hospitals				607 Wilson		21224
5. S	EX	6. RACE		NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRTI	9. A	GE (In years birthday)	If Under 1 Yr. If Under 24 Hrs. Months, Days, Hours, Min.
	male	white	Widow	, ,	October 1		80x 76	
		JPATION (Give kind of work	108 KIND OF	F BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or foreign countr	y)	12. CITIZEN OF
done	Retire	varking life, even if retired)	Kimble	Fyler Barrel	Co. 5	talu		WHAT COUNTRY?
13.1	ATHER'S NAM		1 40120700	· gist subust	14. MOTHER'S M			4,5 ,71,
	2 B	gnato			Unkn	AVID.		
	WAS DECEASE	B EVER IN U.S. ARMED		16. SOCIAL	17. INFORMANT	in c		ADDRESS
(Yes	No or unknown	(If yes, give war ar date	s of service)	180-10-8897	Man Dan	ald D. Lamb	600	Wilson Ave. #24
	18. // //			100 10 00//		aca D. Lamo	sert our	INTERVAL BETWEEN
	700	7,/1		CAOSE	OF DEATH			ONSET AND DEATH
	DISEAS	SE OR CONDITION DIE	RECTLY	Arterio	sclerotic	cardiovas	mlar dis	lease
	(This does r	not mean the made of	dvina e.a.	DUE TO		- Cararovada		
	injury or cor	asthenia, etc. It means application which caused	death.)					
	Δ	NTECENDENT CAUSE	5					
	DISEASES	OR CONDITIONS, IF A	NY, GIVING	(8)	••••			
		E ABOVE CAUSE (A) ST	TATING THE					ENGLISHED TO STORY
Z				(C)				******************************
은		0			9.12.13	MAN TO ALL		
ERTIFICATION	TO THE	NIFICANT CONDITIONS DEATH BUT NOT REI R CONDITION CAUSING	ATED TO T				••••	
ERT	19A. DATE OF	OPERATION 198, CON	DITION FOR	WHICH OPERATION	20A. AUTOPSY	? (Yes of No.) 208, IF		
Ü	0	WAS PERI	FORMED		3	no IN CER	TIFYING CAUSE	S OF DEATH?
O	UNDERLYING	L CAUSE WAS OR CONTRIB- SE OF DEATH.	21B. home etc.)	PLACE OF INJURY (e.g., i e, farm, factory, street, o	in or about 21C. V	HERE DID (If in Bol	Itimare City, give	exact lacation)
	21D TIME	(Month) (Day) (Year) (Hour) 2	TE. INJURY OCCURRED	21F H 6	W DID INJURY OC	CILE?	
	OF INJURY (APPROX.)	(Worth) (Doy) (Teor			WHILE	ON DID INJURI OC	COR:	
1	22.	tify that I held an I	nquiry 🗌	Inspection X Aut	apsy and	that on this basis	s, death in my	apinian
	resul	ted fram: Natural car	ses X	Accident Suicide	e Hamici	de Undeter	mined manner	
				/),	CHIEF M	EDICAL EXAMINE	R	DATE SIGNED
	SIGNAT	/ A R 27 /0	n-	2 - 2 (- 40	ASSISTANT M	EDICAL EXAMINE	R X	DATE SIGNED
	EXAMIN	فسخم والالتبارا والأثثاث		7		EDICAL EXAMINE		1/4/66
	NAME (r U. Sp	itz, M.D.				
	BURIAL CRE	MATION, 238. DATE		C. NAME of CEMETERY .	CREMATORY	23D. LOCATIO	N (City, 1	own, or county) (State)
KEN	Burial	1_7_4	56	Sacred Heart	t Cemeteri	7401 Ga	rman Hil	I Road Balto. Md.
24/	DATE REC'D			OF REGISTRAR	24C. FUNER	AL DIRECTOR		ADDRESS
	14.1/3	7 1966 (P.D.	F. 37	a Per File	00	1 0().	1 622	4 Eastern Ave.#2
	MINI	1200 (100st	/		Kenas	les & de	les 022	T Cascell rive. #2

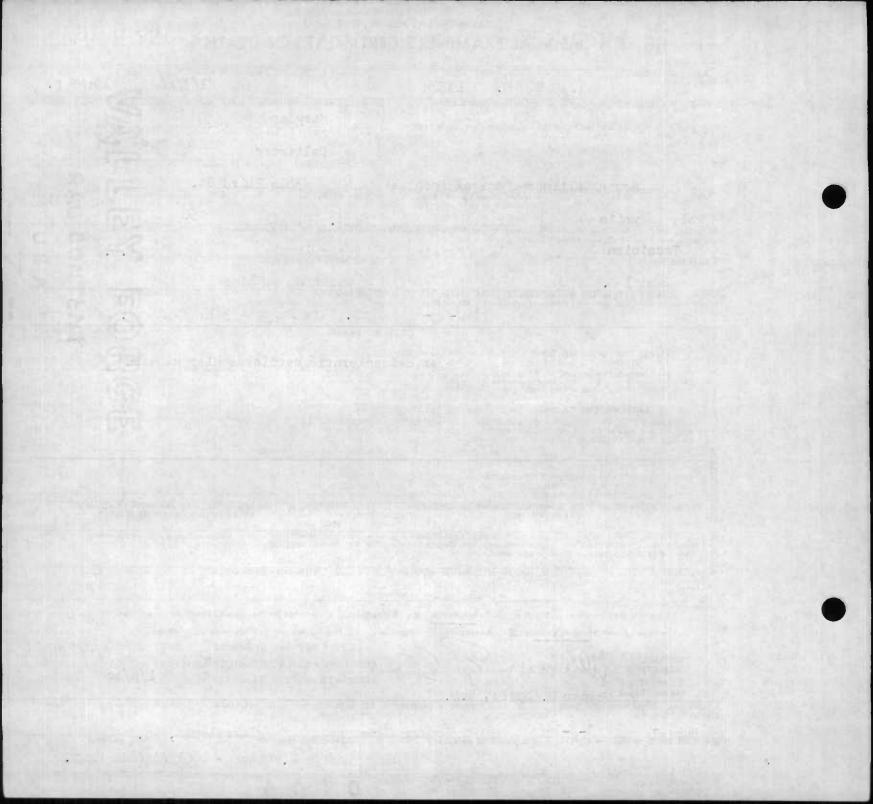
Leiler 6224 Eastern Ave. #24

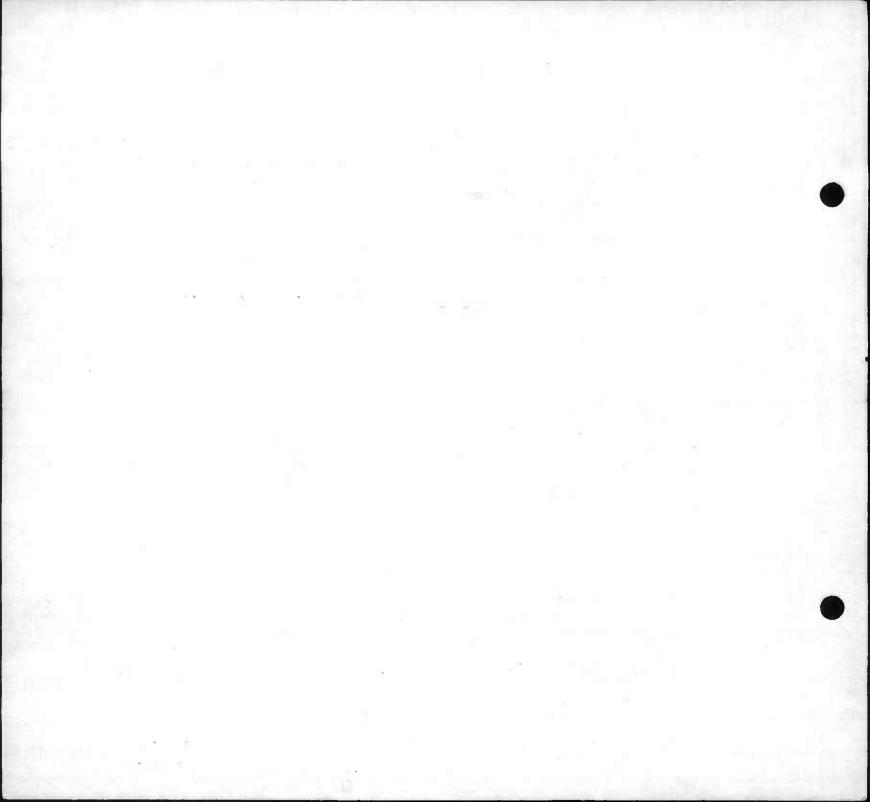


			BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO.	66 0016	6	CERTIFICA	TE OF DEATH	Registered No.	3 00166
M.E. CASE NO					D HOUR OF DEATH	, (/0.2.00
(Type or Print)	CLEMENS, James	Edward		Januar	ry 6, 1966	12:20P
3. PLACE OF	DEATH IN BALTIMORE, MA	ARYLAND			e deceased lived. If in	stitution: residence before odmission
	and the second second			Maryland	11	22-11
HOSPITAL C	E OF (If not in hospitol OR oddress or location	or institution,	give street		side city limits write	RURAL and give (township)
MOITUTITZMI			tion Hospital	F 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	side only minis, with	the time of the flow is the
	och Raven Blvd			Baltimore D. STREET ADDRESS (If	rural, give location)	
Baltim	ore, Maryland	21218		2859 Lake Aver		
5. SEX	6. RACE	7. MARRIED	, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs
Male	Caucasian	MIDOME	CED (specify)	2-11-98	lost birthday	If Under 1 Yr. If Under 24 Hrs Months Days Hours Min.
		rk 108, KIND O	F BUSINESS OR INDUSTRY	11, BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
	t of working life, even if retired)		. Service) Coast Guard	Maryland		U.S.A.
Paint 3. FATHER'S N		0.5.	Obase dual a	14. MOTHER'S MAIDEN NAM	ME	
					ermak	
	M. Clemens					
5. Was Decea Yes, no or unkno	own) (If yes, give wor or do	es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT Recor	ds George C	lemens, son
Yes	8/8/17 To 6/	/2/19	214-10-04-68	V.A. Hospital,	Baltimore,	Md. 21218
1B.	77/1	-, -,	CAUSE OF			INTERVAL BETWEEN
400	EASE OR CONDITION D	IRECTLY				ONSET AND DEATH
	LEADING TO DEATH		(A) E	MPHYSEMA		15 years
heart failu	s not mean the mode o ue, osthenia, etc. It mean	s the disease	DUE TO			0.0000 0 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000
Injuly of	injuly of complication which coused death.)					
	ANTECEDENT CAUSE		DUE TO			vegagegion (
	OR CONDITIONS, if the obove couse (A)					
	ING CONDITION last.	stating the	(0)			
	11		_			
O OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTIN	G			
TO THE	OR CONDITION CAUSING	ATED TO TH	-1E			
-	OF OPERATION 198. CO	NDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE	FINDINGS CONSIDERED
2	WAS PE	RFORMED		Yes	CERTIFIENG CA	MOSES OF DEATH!
21A. ACCI	IDENT WAS UNDERLYING	211	B. PLACE OF INJURY (e.g., in	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimor	e City, give exoct locotion)
C DEATH (no	otify medical examiner	etc		not orage, introduced K:		
21 D. TIME	(Month) (Doy) (Yeor	(Hour) 21E	E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJUR	Υ /		hile At Not While			
(APPROX.)		W				
22. I cert	rify that 🙀 (this bospita	al) attended	the deceased from Oct		19 65 10 Janu	
that (35 (v	we) last saw the deceas	ed offive on.	January 6,	19 66 and the	at In(X y) (aur) api	nion death accurred an the da
and hour	and from the causes ste	ated above.		iew the bady after death.		
23A. SIGN	16 %	K/		,,		238, DATE SIGNED
	A True al	1000	40 M.D. Atte	ending Med.	Stoff Phys.	January 6, 1966
22C BLIVE	CHANG	1	Phy	OSD ADDRESS		
23C. PHYSI NAM	E (Type)			23D. ADDRESS VA HOST		Loch Raven Blvd
	WILLIAM B.	/	M.D.	Baltim	ore, Marylan	nd 21218
4A. BURIAL	CREMATION, 24B. DATE	24C. N	AME of CEMETERY OF CRE			ity, town, or county) (Stote)
Buria		6 Ba	dtimore Nation	nal Cemetery Ba	ltimore. Md	
	C'D BY HEALTH DEPT.	1	OF REGISTRAR			
JAI		0.0	40 18	Schimunek Funda 3221 Probaba T	eral Home,	Inc.
UMI	1 1000 (15)	1.00	10 P. 10	3331 Brehms L	ane #13	

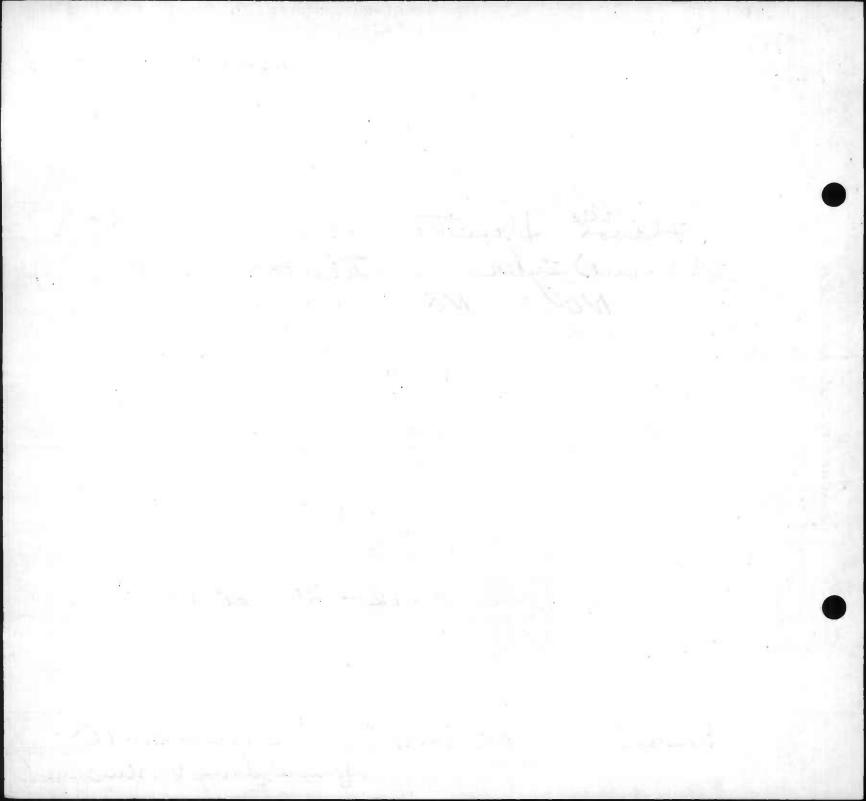
of extends Special governor Carry In the Carry Age HEALT CHARGES AND THE STHERE THERESELDS TANKS SEED STATES bookerst from the 1.0 distinct on type contract out the same as a series of the distinct of the same as

		6 0016Med	ICAL EX	AMINER'S C	ERTIFI	CATE OF I	DEATH Registe	ored Na	001.67
1, 1	AME OF DE	CEASED JAM	ES S.	DARON		2. DATE AN	D HOUR PRONOUNCE		10:45 p.
		TIMORE, MARYLAND, V			4. USUAL A. STATE	RESIDENCE (Where	deceosed lived. If inst	titution: resid	dence before admission)
HO	L NAME OF SPITAL OR TITUTION	ADDRESS OR LOC	TAL OR INSTITU ATION)	ITION, GIVE STREET	C. CITY		e corporote limits, write	RURAL of	nd give township)
(3	South Balti	mara Gen	eral Hospital		ADDRESS (If rurol,			
5. S	male	6. RACE	7. MARRIED,	NEVER MARRIED DIVORCED (specify)	B. DATE C	F BIRTH	9. AGE (In years lost birthdoy)		Doys Hours Min.
done	during most of Tecn	UPATION (Give kind of wa working life, even if retired) ician	rk 108. KIND OF	andromat	Per	LACE State or foreignsvlvania			EN OF
13. F	Sam	uel L. Daron				rtrude Col			
15. \ (Yes	VAS DECEASI , no or unknown	ED EVER IN U.S. ARME	D FORCES? les of service)	16. SOCIAL SECURITY NO. 170-05-8349	Mrs.		- 3814 Thi	ADDRESS	,Baltimore 2
ATION	DISEASES RISE TO TH	not meen the mode of, osthenio, etc. Il meen mplicotion which coused ANTECENDENT CAUS OR CONDITIONS, IF IE ABOVE CAUSE (A) NG CONDITION LAST	s the disease, death.) ES ANY, GIVING STATING THE	(B)			vascular di		
ш	TO THE	DEATH BUT NOT R OR CONDITION FOREATION 198, CO	ELATED TO TO	HE	20A. AL		208, IF YES, WERE FI		
O	UNDERLYING	L CAUSE WAS OR CONTRIB-	21 B.	PLACE OF INJURY (e.g., form, foctory, street,	in or about	21C. WHERE DID	If in Boltimore City, gi		
ME	21D TIME OF INJURY (APPROX.)	(Month) (Doy) (Ye	or) (Hour) 2	TE, INJURY OCCURRED WHILE AT NOT AT W	WHILE	21F. HOW DID INJU	PRY OCCUR?		
		VER'S	uses X A	Inspection Augustical Suicid	CHI		AMINER*		DATE SIGNED
	BURIAL CRE	MATION, 238 DATE		c. NAME of CEMETERY			OCATION (City	, town, or	county) (Stote)
24A	DATE REC'D	BY HEALTH DEPT.	24B, NAME	OF REGISTRAR		PUNERAL DIRECTOR	nce - 4001	Ritchi	e Hgwy.
VS	151-REV- 1/1	(5 19bb (1) Seq.	8 G	Bearth 1	2 63	1 4 4	Bal	timore	1/



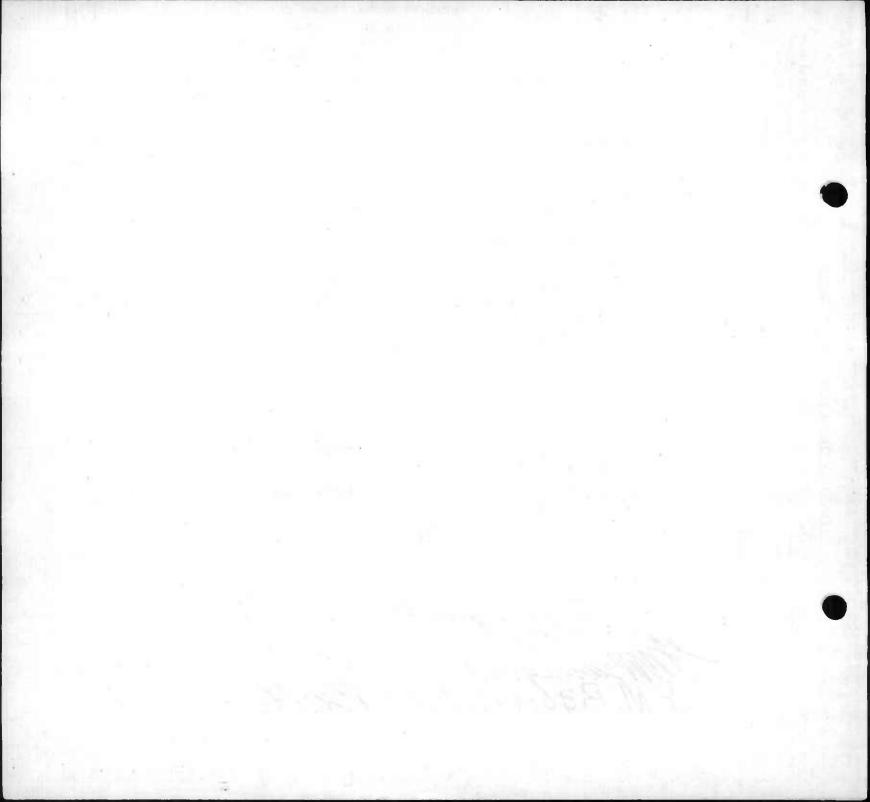


5.50	BALTIMORE CITY	HEALTH DEPARTMENT		
MRTH NO. M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No.	00169
T. NAME OF DECEASED (Type or Rint) 3. PLACE OF DEATH IN BALTIMORE MAR	(LAND	1-6-	4 /	tion: residence before admission)
	institution, give street	MARULAND	ide city limits, write RUR	5-07
	OSP OF MARGLANI	D. STREET ADDRESS (II II	urol, give location)	
5. SEX 6. RACE	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9	AGE (In years If	Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min.
done during most of working fill a working done during most of working fill a wor	OB, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	2. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME	yler	14. MOTHER'S MAIDEN NAM	1000	tso
(Yes, no or unknown) If yes, give wor or days	NO	17. INFORMANT PAUGHTER		SAME
DISEASE OR CONDITION DIRE	CAUSE C	OF DEATH	FAILUK	INTERVAL BETWEEN ONSET AND DEATH
(This does not meon the mode of heart foilure, asthenia, etc. It means to injury or complication which coused on	dying, e.g., Due To- he disease, death.)	NGESTIVE H	EDEMA	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if or tise to the obove couse (A) UNDERLYING CONDITION tost.			MIA	
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING IT.	ED TO THE			
U 21A. ACCIDENT WAS UNDERLYING	ITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINE IN CERTIFYING CAUSES	DINGS CONSIDERED S OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218 PLACE OF INJURY(e.g., home, larm, foctory, street, etc.)	in or obout 21C. WHERE DID INJURY OCCUR?	(If in Boltimore Ci	ty, give exact location)
21D. TIME (Month) (Doy) (Yeor) OF INJURY (APPROX.)	(Hour) 21E INJURY OCCURRED While At Not White At Work		RY OCCUR?	
22. I certify that (I) (this hospital) that (I) (we) last saw the deceased and haur and from the couses state	olive an	19ond tho	t in(my) (aur) opinion	19 Lp LO
23A, SIGNATURE Jahla C	7	ending Med. Director F	Stoff 231	1-6-66
PHYSICIAMS NAME (Type) Dahlia Qu		23D. ADDRESS		
24A. BURIAL CREMATION, 24B. DATE	Brancach	com on	CATION (City,)	own, or county) (Stote)
JAN 10 1966 Robert	258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	Savar D.	sew church
VS 150~REV. 1/1/65		7 7 4 9		



FUNERAL DIRECTOR: IMPORTANT	
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	a hospital and
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	cause of death
shows; (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	ise; (5) Deceased
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	endance on the
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	to death. Such
written approval must be obtained before the remains are ambalmed or final disposition is made.	

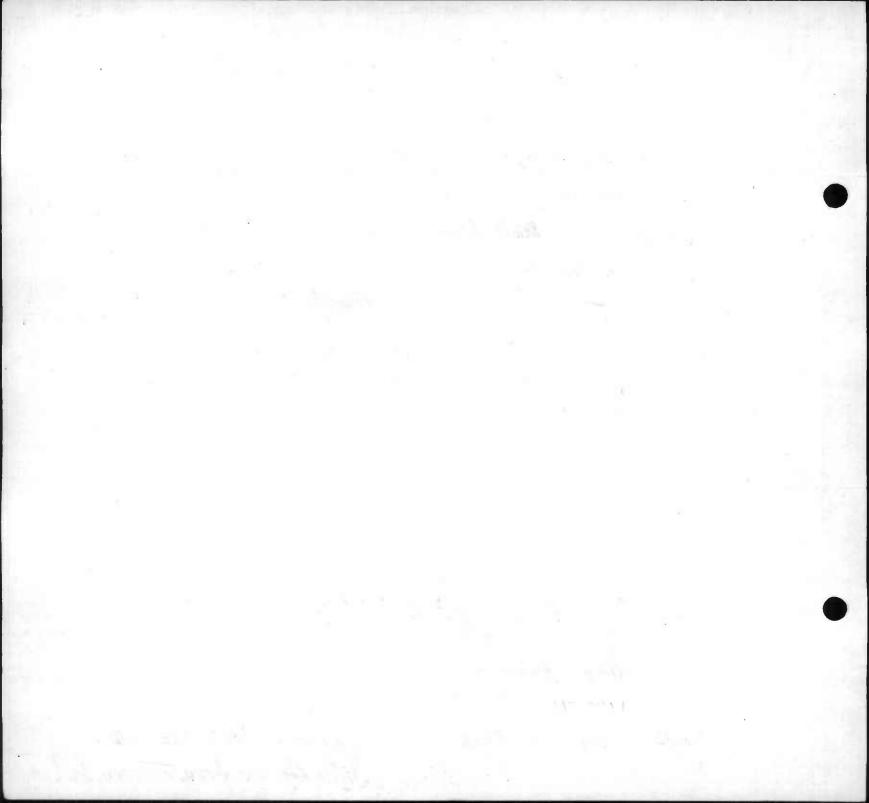
	e or Print)	LAUDE S. FAUS	241			uary 4, 1966	Н
3. 1							institution; residence before admiss
3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital or institution, give street					Md.	Baltimore	
	HOSPITAL OR	oddress or locotion			c. city or town (If outside city limits, write	e RURAL ond give township)
6	\mathcal{I}	ould Conveles	s-Arlum		D. STREET ADDRESS 77 Dundalk	(If rurol, give location)	
5. S	EV	6. RACE	7 AAARRIED	, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24
I	Male	Cauc.	Widowe	D, DIVORCED (specify) ed	4-4-82	lost birthdoy)	Months Doys Hours Min
		vorking life, even if retired)	Ste	el	Pa.	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAM	\E			14. MOTHER'S MAIDEN	NAME	
					Mr. D.		
5	Benjami	n A. Faust Ever in U. S. Armed For	cas?	1 6. SOCIAL	Mary Bowma	n	ADDRESS
Yes	s, no or unknown)	(If yes, give wor or dote	es of service)	SECURITY NO. 213-07-0998		ore 41 Northsl	
	18. //	X		CAUSE C	F DEATH		INTERVAL BETWEEN
	DISEAS	E OR CONDITION DIE	RECTLY	(2)		_	ONSET AND DEATH
		LEADING TO DEATH		(A) Cla	rlinoma remone	tosis	/yr.
		of meon the mode of osthenio, etc. It meons		, DUE TO	aben a on nei ma o cumbolin na d o o o lill a o o P o o 4 in oso 1 ^{ee} n o o o 1 ^{ee}	/	
		plication which coused		No.	11	al 1.	フ
	A	NTECEDENT CAUSES		(B) (C)	amonia	1 Juni	4
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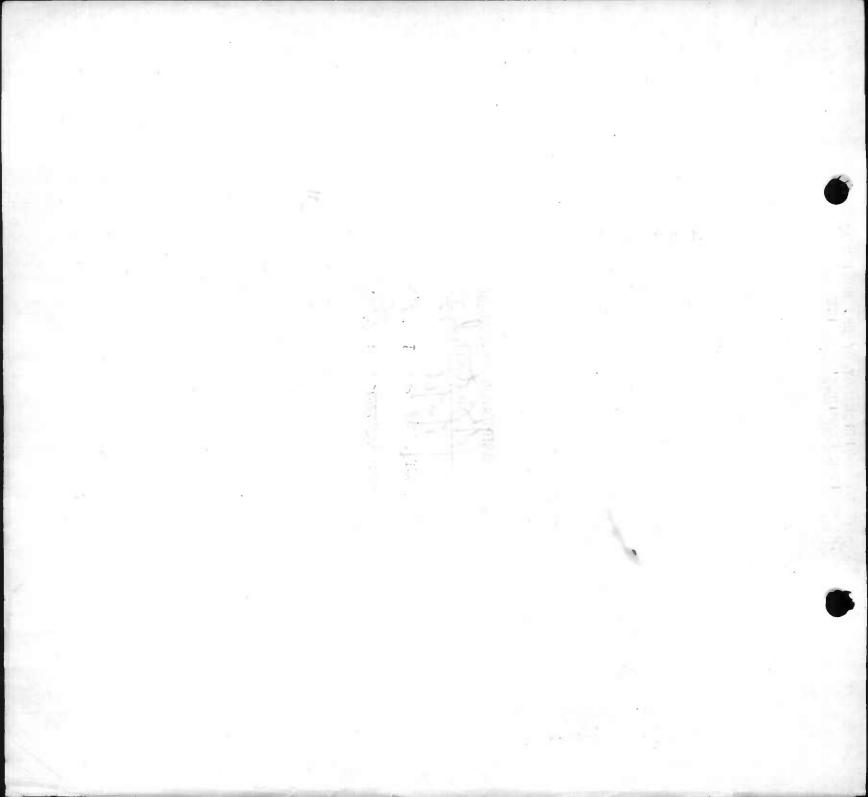


the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

	00 (11)	\$ 7-8				
RTH NO.	66 00.	1.71	CERTIFICA	TE OF DEATH	Registered No.	111171
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ype or Prin	Anderson Ra	amond O	nintin			12:30 P.
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PEACE O	DEATH IN BALTIMORE, MA	RILAND		A. STATE B. COUN	TY	nstitution; residence before odmission
FULL NA	ME OF (If not in hospital	or institution.	Dive street	Maryland		+(-3)
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Weter	ans Administrati	on Hosn	1+27	Baltimore		
		-	I Val		rurol, give location)	
	Loch Raven Blvd.					
	more, Maryland 2			419 Hazlett		
SEX	6. RACE	7. MARRIED,	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months: Doys Hours Min.
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	most of working lile, even if retired)				,	WHAT COUNTRY?
Pipef:	itter	Ind	ustrial	Maryland		U.S.A.
FATHERS	SNAME			14. MOTHER'S MAIDEN NA	ME	
Gear	ge F. Anderson			Ko+0 G G:1	ai aht	
				Kate S. Silw		
es, no or un	ceased Ever in U.S. Armed For nknown)(If yes, give wor or dote	ces? es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	inistration	Hospital Records
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1B.	02,14-1	81,0	CAUSE O	nary tuberculos	is fibrocas	HOTERVAL BETWEEN ONSET AND DEATH
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		BALTIMORE CITY	HEALTH DEPARTMENT	1	
ш	RTH NO. 66 00172	CERTIFICA	TE OF DEATH	Registered No.	66 00172
1.	LE CASE NO.		2. DATE AN	ID HOUR OF DEATH	
	ype or Print) Gallagher, Eli	zabeth Hu	ghes 3.00	Jan. 4,	1966 P. M
3.	PLACE OF DEATH IN BACTIMORE, MARYLAND		4. USUAL RESIDENCE (When	re deceosed lived. If in	nstitution: residence before odmission)
	FULL NAME OF (If not in hospital or institut oddress or location)	ion, give street	Maryfun	4	Ralt
1	Memorial	Hospital	C. CITY OR TOWN (If our	many 1	RURAL ond give township)
1				rural, give location	
	Baltimire, Mary	(and 21218	205 Alleghe	MANE, 1	owson 4, maryland
5.		RIED, NEVER MARRIED DWED, DIVORCED (specify)		9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min,
	A. USUAL OCCUPATION (Give kind of work 10B, KINI	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12, CITIZEN OF WHAT COUNTRY?
	Clark Retai	il Store	Rattimire m	aryland	u.s.A.
1;	FATHERS NAME		14. MOTHER'S MAIDEN NA		
	Adrian Hughes		Molly B	urke	
1 : (Y	. Was Deceased Ever in U. S. Armed Forces? es,no or unknown)[(If yes, give wor or dates of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	NO -		Family Rea	erds	
	18. /63 X I	CAUSE O			INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	In a	1 14 6	1	
	(This does not mean the made of dying,	e.g., DUE TO	tactatic Can	inona (u.	75
	heart foilure, osthenia, etc. It meons the dise injury or complication which caused death.)	ose,	Heury liver	1	
	ANTECEDENT CAUSES	(B)			
	DISEASES OR CONDITIONS, if ony, gi	ving			
	rise to the above couse (A) stating UNDERLYING CONDITION tost.	lhe (C)			
1.	. II				
40124	OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO	TING			
	19A. DATE OF OPERATION 198. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE	FINDINGS CONSIDERED
D. WAR	WAS PERFORMED lyft thome	etemy & biops u	No	IN CERTIFYING CA	USES OF DEATH?
	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	21 B. M.ACE OF INJURY (e.g., inhome, form, foctory, street, of	ffice bldg., INJURY OCCUR?	(If in Baltimore	e City, give exoct location)
1	1/	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUP?	
1	OF INJURY	While At,Not While	le 🖂	UNI UCCUR:	
	700	Work At Work		0	
	22. I certify that (1) (this hospital) attend	0		19 65 to JAN	1966
	that (1) (we) last saw the deceased alive			or in (m-y) (our) opi	nion death occurred on the date
	ond hour and from the couses stated obay	a. //-/ua) (aia) (aia nai) /	riew the body diter death.		23B. DATE SIGNED
	Mans France	M.D. Atte	ending Med. Director	Stoff Phys.	Nan- V-65
	23C. PHYSICIAN'S		23D. ADDRESS	and a second	Horn tel
	NAME (Type) KANG FAN	M.D.	Ulkine m	and Dela	42 Sund 21218
2		C. NAME of CEMETERY or CR	EMATORY 24D. L	OCATION (C	ity, town, or county) (State)
	BURIAL JAN. 7.1966 S	T. MARY'S CATHOLI	C CEMETERY	BALTIMOR	E, MD.
2	SA. DATE REC'D BY HEALTH PEPT 1250 NA	ME OF REGISTRAR	256. FUNERAL DIRECTOR	().	ADDRESS
Ê	JAN 10 1000 162000	6 6 0 7	JEM BUN	TO STUDY	Coron, July.
V	5 150-REV. 1/1/65	No. of			





BALTIMORE CITY HEALTH DEPARTMENT Registered No.S 00174 CERTIFICATE OF DEATH 2. DATE AND HOUR OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence (If outside city limits, write RURAL and give township) Colspring If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours Min. Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A ADDRESS OWINGS INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location)

and that in (my) (aur) apinian death occurred an the date

23B. DATE SIGNED

SOMERS

REMOVAL (Specify)

DRUID CemeTery

25C. FUNERAL DIRECTOR

ADDRESS

V\$ 150-REV. 1/1/65

BIRTH NO.

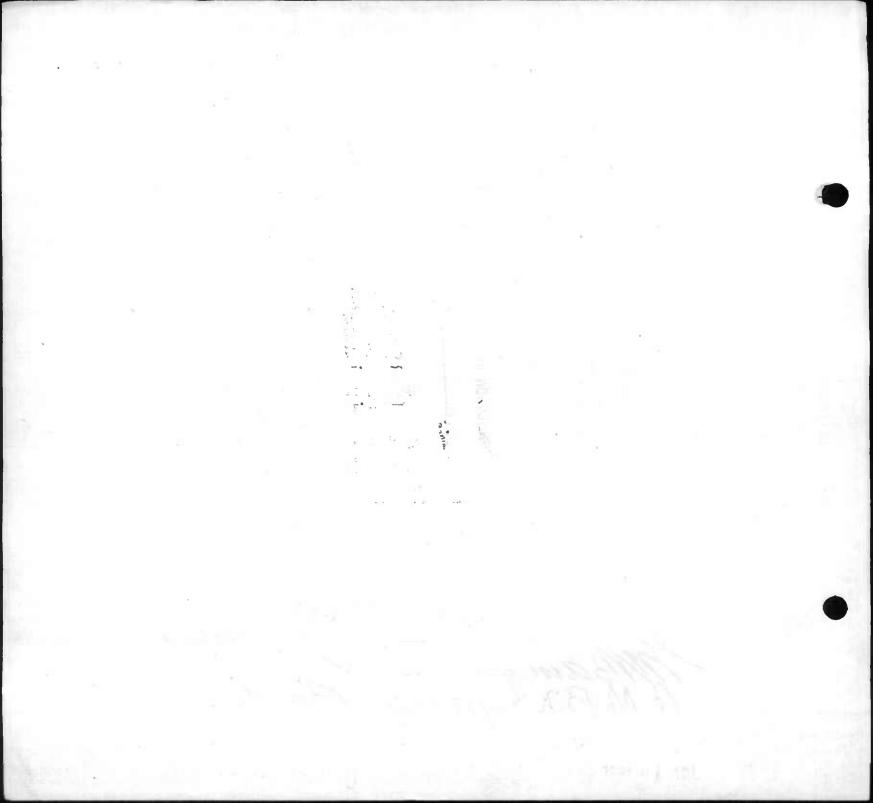
M.E. CASE NO.

I. NAME OF DECEASED (Type or Print)

Such

(5	1
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death chows: (1) An arcident of any nature: (2) Body burns: (3) A fracture of any kind: (4) Undetermined cause: (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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1	occurre	regular eased pris made
	ct or condet	was in he dec
TANT	istant in he dire	death ve on t
MPOR	his ass lso, if t of any b	unced tendan
FUNERAL DIRECTOR: IMPORTANT	iner or	except where the physician who pronounced death was in regular at and (6) No physician was in regular attendance on the deceased prio obtained before the remains are embalmed or final disposition is made.
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RAL D	f medical medical	physici ian was e remai
FUNE	he chie	physic fore the
	hospita	(6) No ined be
	approv to the	al (exce h); and be obta
	must be	hospit to deat
	ificate was re	d prior
	he body	was D.O.A. at a hospital (edeceased prior to death); written approval must be a
	- + 0	1 > 0 >

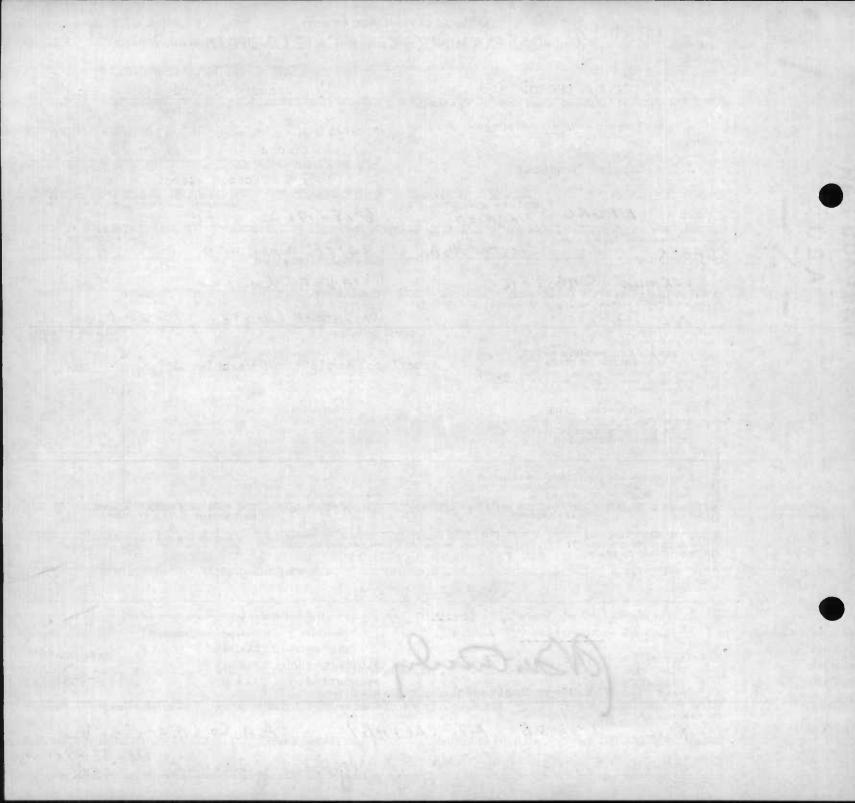
		00 00	1 to the		TY HEALTH DEPARTMEN	IT \ CI	3 00175
BIRTH N	NO. ASE NO.	66 00	11/5	CERTIFIC	ATE OF DEAT	H Registered No	5. (7/12/0
1. NAM	E OF DECEASED	Anthony BALTIMORE, MA	B. Zana			anuary 7, 190	
3. PLA	CE OF DEATH IN	BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE	OUNTY	institution: residence before admission)
FULL	NAME OF	(If not in hospital	or institution, gr	ve street	Maryland	Balti o	
	ITUTION	Johns Hoj		unital	c. CITY OR TOWN	Rosedale	e RURAL ond give township)
10		joides no	ACCUS 1102	operar	D. STREET ADDRESS 1212 Rusti	(If rural, give location)	
5. SEX Male	6. RA	rite		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH June 13, 188	9. AGE (In years	If Under 1 Yı. If Under 24 Hrs. Months Doys Hours Min.
		ON (Give kind of world)	108, KIND OF	BUSINESS OR INDUST	RY 11. BIRTHPLACE (State o		12. CITIZEN OF WHAT COUNTRY?
	1. 0	ck (o.	Hydrau	elico	Pennsylvan	ia	USA
1 0	HER'S NAME				14. MOTHER'S MAIDEN	NAME	
	Rinehart	Zana			Mary Bl	inht	
15. Was		in U. S. Armed For	rces?	SECURITO NO.	17. INFORMANT	vg, cc	ADDRESS
	Vo	s, give wor or don		218-01-6499	Alice M. He	ss 1213 Rusti	c Ave. 21206
1B.	400	2.71	110%	CAUSE	OF DEATH	7	INTERVAL BETWEEN
		CONDITION DI	RECTLY	MY V	11/2 1/2/	ular ac	ONSET AND DEATH
(Th		NNG TO DEATH	dying, e.g.,	SOUT TO	revie-viv	may ac	way success
he	art failure, osthe	nio, etc. It meons	me diseuse.	OL LES	+ (1.	+ 1	
""		CEDENT CAUSES	Wedni.	5 LIBELL	leno le	rotre Car	die
DI		ONDITIONS, if	i m	S DUE TO	1/0.1	les de	ease 2 ms
ris	e to the ob	ove cause (A)	sloling the		· Uller	un cus	use I you
01	NDERLYING CO	NOTION Idsi.		enmiss	My Mea	may ENG	us 1
Z O	THER SIGNIFICAN	II IT CONDITIONS (CONTRIBUTING	- 19			
TA DI	THE DEATH	BUT NOT RELA	ATED TO THE				
THE C	A. DATE OF OPER	ATION 198. CON	IDITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes	or No. 208, IF YES, WEI	RE FINDINGS CONSIDERED CAUSES OF DEATH?
MI I	A ACCIDENT W	AS UNDERLYING	7 718	BLACE OF INTURY/o	, in or obout 21 C. WHERE D	ID (If in Relain	nore City, give exact location)
CAL	CONTRIBUTING ATH (notify medic	CAUSE OF	home etc.)	e, form, foctory, street,	office bldg., INJURY OCCU	JR?	tore City, give exact locoson/
	INJURY (Mor	nth) (Doy) (Yeor)	i	INJURY OCCURRED		DINJURY OCCUR?	
(A)	PPROX.)		Whil	e At W			- 11
22.	. I certify that	(1) (this hospita	l) attended th	e deceased from	7-23-6	3.19	19.66
the	at (I) (we) lost	saw the deceas	ed alive an	8/18	19 60 01	nd that in (my) (our) o	plnion deoth occurred on the date
		the couses sto	ted obove. (1)	(We) (dld) (dld not	view the body ofter de	oth. Meller	af Exam Permusio
234	A. SIGNATURE	m -		/ 40	Attending Med.	Stoff	23B. DATE SIGNED
		13000	mya		hys. Director	Phy s.	1//66
230	NAME (Type)	1127	a de la se	2 = 1 - 1.0	23D. ADDRESS	04.1	and I
244 7	1/1	11.199	U119	dy dive	1 M	000	1111.
R R	URIAL CREMATIC EMOVAL (Specify	ON, 24B. DATE	24C. NA	1 10	La training	4D. LOCATION	(City, town, or county) (State)
-	rial	1-10-6					ryland ADDRESS
25A. D	ATE REC'D BY H		25B. NAME O	A is & -	25 UNERAL DIRE	/ //	O1 .
VS 150		966 P.C.	n chais	ANTERED O	The state of the s	7	hesaco Ave. 21206

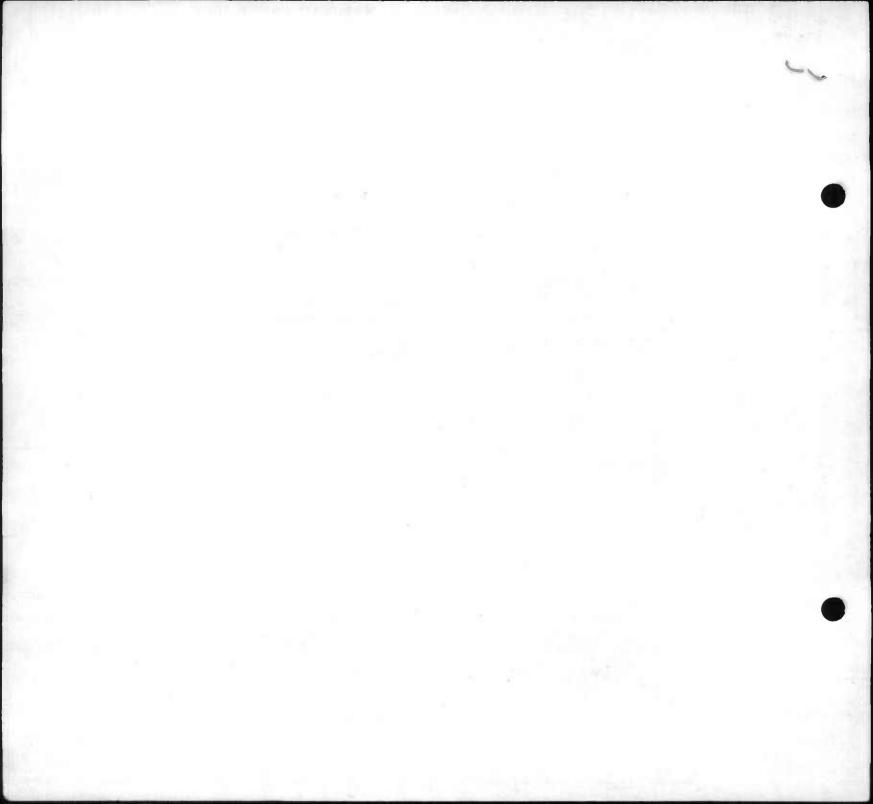


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BALTIMORE CITY HEALTH DEPARTMENT ce andre

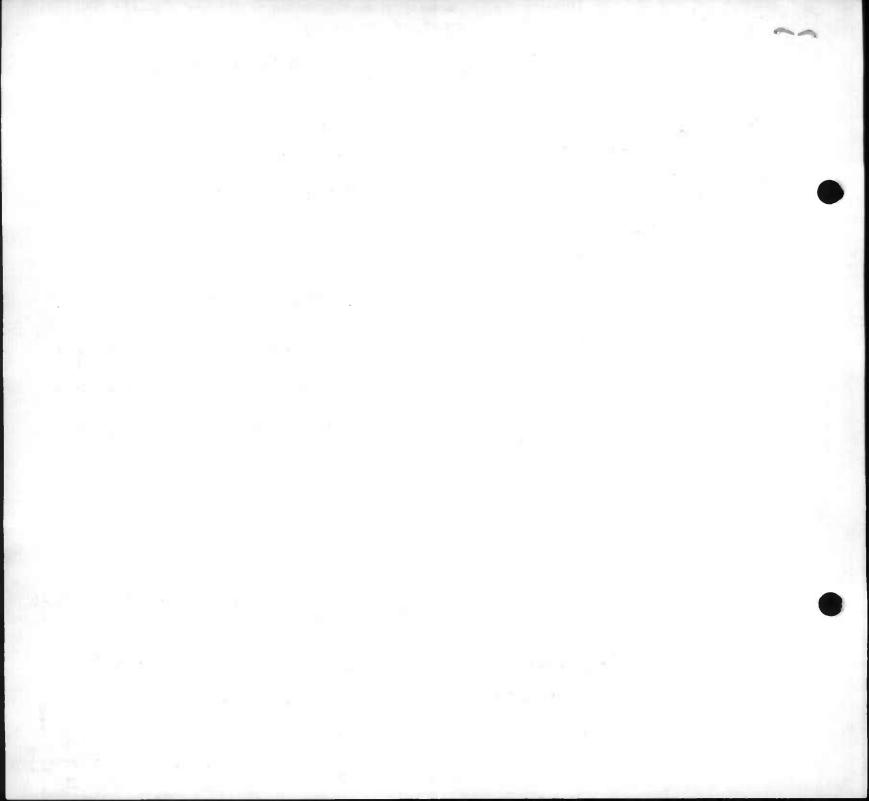
RIPT	H NO. 6	6 00176 MEDI	CAL FX	SALTIMORE CITY HEAL (AMINER'S CI	TH DEPARTMENT	F OF D	FATH Registe	66 00176		
	CASE NO.	741201	CAL LA	CONTINUENCO CI						
1. 1	NAME OF DEC	CEASED				2. DATE AND	HOUR PRONOUNCE	ED DEAD		
l . At	oe or rum)	WINSTON CHES	STER, SA		January 8, 1966 11:10 A _M					
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD					A. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY Maryland				
HO	L NAME OF SPITAL OR TITUTION	ADDRESS OR LOCA	JTION, GIVE STREET	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore						
3	Johns	Hopkins Hospi		D. STREET ADDRESS (If rurol, give locotion) 1607 E. Preston Street						
5. S	EX	6. RACE		NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.		
n	male NEGRO WIDOWED, DIVORCED (specify				6-15-1	077	lost birthdoyl	Months Doys Hours Min.		
IOA.	USUAL OCC	UPATION (Give kind of work		BUSINESS OR INDUSTRY				12. CITIZEN OF		
done	during most of	working lile, even if retired)	,	ruction	and the second			WHAT COUNTRY?		
13.1	ABOR ATHER'S NAM	A E	Cervs	ruci jen	BALTO, MARYLAND USA					
			TEA							
15.1		D EVER IN U.S. ARMED	16. SO CIAL	JANET COPER						
		(If yes, give war or date		SECURITY NO.		4 14				
	NO	C-mark			FL12ABET	TH CHE	STER 13	ios WILCOX St.		
	18.	011		CAUSE	OF DEATH	75		INTERVAL BETWEEN ONSET AND DEATH		
	DISEA	SE OR CONDITION DI	RECTLY					ONSET AND SEATH		
		LEADING TO DEATH		Arterio	sclerotic	cardiov	ascular di	sease		
	heart failure	not meon the mode of , osthenio, etc. It meons	the disease,	DUE TO						
	(This does not mean the mode of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)									
	1	ANTECENDENT CAUSE	S	(R)				S of the second		
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO									
		NG CONDITION LAST.		(6)						
O				(0)						
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE									
F		DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No) 20B, IF YES, WERE FINDINGS CONSIDERED								
no							SES OF DEATH?			
EDICA	21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bldg., INJURY OCCUR?									
Σ	21 D TIME	(Month) (Doy) (Year	Hour 2	1E. INJURY OCCURRED	21 F. HO	N DID INJUR	Y OCCUR?			
(APPROX.) WHILE AT NOT WHILE WORK AT WORK										
I certify that I held an Inquiry Inspection Autapsy and that an this basis, death in my apinian resulted fram: Natural causes X Accident Function Hamicide Undetermined manner										
									CHIEF MEDICAL EXAMINER	
ACTUAL DATE SIGNED DATE SIGNED										
SIGNATURE EXAMINER'S ASSOCIATE MEDICAL EXAMINER 1-8-								1-8-66		
	NAME (Type) Rudige	r Breit	enecker, M.D.	ASSOCIATE ME	LDICAL LA	AMINEK			
	BURIAL CRE	MATION, 238 DATE		C. NAME of CEMETERY O		23 D. LO	CATION (City,	town, or county) (Stote)		
REA	NOVAL (Specif	1-12	66	AIT CALL	ne V	1	n (. 11	001/1.10		
244	DATE REC'D	BY HEALTH DEPT.	24B. NAME	MT. CALV	Z4C. FUNEDA	L DIRECTOR	4.00.191	ADDRESS		
					, one	1 DIRECTOR		ARYLAND ADDRESS 1735-37 HARFOR AVE.		
	JAN]	10 1966 R.C.	15 E. V	Tanken M. B	MARSI	hall W.	Jones, JR.	AVE.		
3/6	1.51 Del/ 1/1	16 E	*							

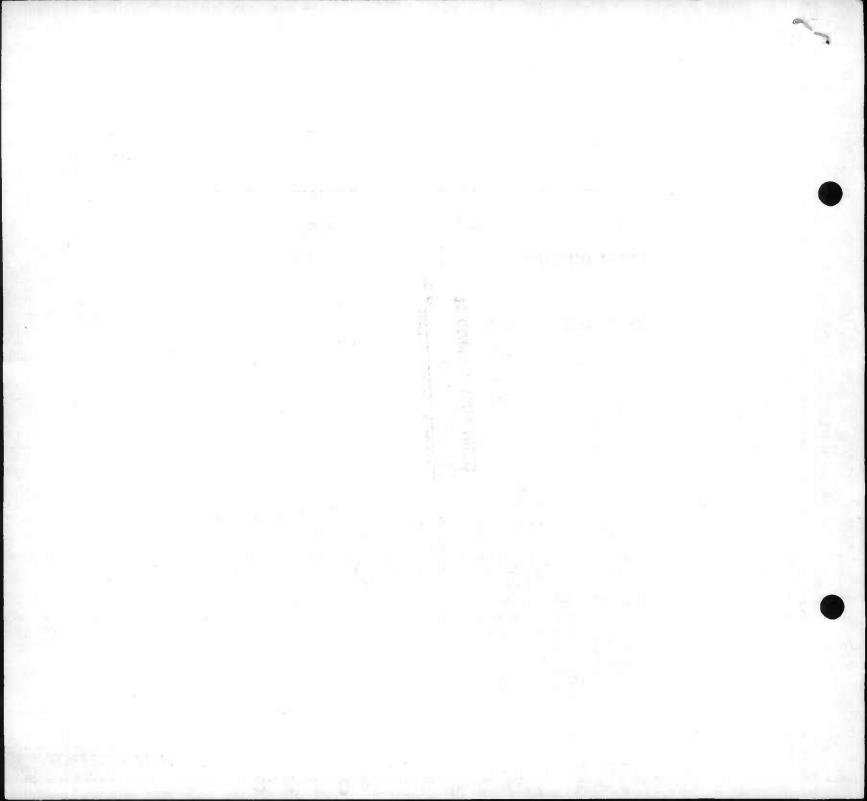




VS 150-REV. 1/1/65

	BALTIMORE CITY HEALTH DEPARTMENT										
		ATE OF DEATH Registered No.	00470								
	1, NAME OF DECEASED /1 /	2 DATE AND HOUR OF DEATH									
	(Type or Print) NORRIS SINGE										
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	A. STATE B. COUNTY									
	FULL NAME OF (If not in haspital or institution, give street HOSPITAL OR oddress or location)	MARY LAND C. CITY OR TOWN (If outside city limits, write RURAL and give township)									
	INSTITUTION	C. CITY OR TOWN (If autside city limits, write RURAL and give township) BALTIMORE									
9	D BELVEDERE NURSING HOME 2525 BELVEDERE AVENUE	D. STREET ADDRESS (If rural, give lacation)									
<u>o</u>		5138 WOOLVERTON AVENUE									
made.	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	last birthday) M	Under 1 Yr. If Under 24 Hrs.								
is	MALE WHITE MARRIED 18A, USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTR	3/3/1884 81	2. CITIZEN OF								
	done during most of working life, even if retired)		WHAT COUNTRY?								
siti	SELF-EMPLOYED PAPER HANGER	RUSSIA	USA								
disposition	HARRY SINGER	FRUMA ?									
	15. Was Deceased Ever in U. S. Armed Farces? 16. SOCIAL	17. INFORMANT	ADDRESS								
final	(Yes, no ar unknown) (If yes, give war ar dates of service) SECURITY NO.	MRS. MOLLIE SINGER 5138 WOOL	VERTON AVENUE								
or fii	18. 24 20 CAUSE	OF DEATH	INTERVAL BETWEEN								
	DISEASE OR CONDITION DIRECTLY	C 1/2 h	ONSET AND DEATH								
embalmed	LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO	C·V·A.	/ day								
pa	heort failure, osthenio, etc. It meons the disease, injury or complication which coused death,)	14. 0. 11. 5									
E	ANTECEDENT CAUSES (B)	AJHD	2 years								
are	DISEASES OR CONDITIONS, if ony, giving	- /									
	rise to the obove couse (A) stating the (C)	VImonary Emphysen-	Lycars								
remains	il il										
еш	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE										
ther	DISEASE OR CONDITION CAUSING IT.	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?									
+	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING CAUSE	OF DEATH?								
before	OR CONTRIBUTING CAUSE OF Street	, in or about 21C. WHERE DID (If in Baltimare Ci office bldg., INJURY OCCUR?	ty, give exact lacation)								
	DEATH (notify medical examiner) etc.)										
ained	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?									
air	(APPROX.) Work At Wa	rk U									
obt	22. I certify that (I) (this haspital) attended the deceased from 3/16 1962 to 1/7 1966.										
pe	that (1) (we) lost saw the deceased alive an										
must	ond hour and from the causes stated above. (1) (We) (did) (did not) view the body ofter death. 23A. SIGNATURE 123B. DATE SIGNED										
Ε	M.D. A	Attending Med. Staff Phys.	1/4/66								
D >	23C.PHYSICIAN'S	23D. ADDRESS	, , , ,								
approval	NAME (Type) ISRAEL ZINBERG	4000 W. NORTHERN PARKWAY	/								
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF C REMOVAL (Specify) 1/5/66 CHIZUK AMUNO (A		own, or county) (State)								
ten		ARLINGTON) BALTIMORE, MAR	VLAND								
written	25A. DATE REC'D BY HEALTH DEPT 255 NAME OF REGISTRAR	SOL LEVINSON & BROS. INC. 60	ADDRESS 10 RET STEDSTANN DA								
3	Over In 1000 OROSON TO 1	0 0 1 7 7	O KLIDILWIOWN KI								





BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD CHARLES S. LEVINSON January 4, 1966 6:10 4. USUAL RESIDENCE (Where deceased lived, If institution: residence belore admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Maryland (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF C. CITY OR TOWN (If outside corparate limits, write RURAL and give township) HOSPITAL OR Baltimore D. STREET ADDRESS IIf rural, give location) 6805 Williamson Ave. 6805 Williamson Ave. 9. AGE (In years 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED R. DATE OF SIRTH If Under 1 Yr. If Under 24 Hrs. Manths, Days, Haurs, Min. last birthday WIDO WED. DIVORCED (specify) MARCH 1, 1910 male white MARRIFD 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY) 1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of warking life, even if retired) AGENT INSURANCE BALTIMORE, MARYLAND ISA 4. MOTHER'S MAIDEN NAME 13. FATHER'S NAME MORRIS LEVINSON ESTHER LAZARUS ADDRESS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SO CIAL 7. INFORMANT (Yes, no prunknown) (If yes, give war ar dates of service) SECURITY NO. MRS. FREDA S. LEVINSON 6805 WILLIAMSON AVE 213-05-4676 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Overdose of barbiturates (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUF TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? ICAL 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Baltimare City, give exact location) hame, form, factory, street, affice bldg., NJURY OCCUR? 21 A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. home 6805 Williamson Ave. 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 21 D TIME (Month) (Doy) (Haur) OF INJURY NOT WHILE X (APPROX.) Apparently took overdose 1-4-66 22. Inspection X Inquiry ___ Autopsy I certify that I held an ond that on this bosis, death in my opinion Suicide X resulted from: Natural causes Accident Hamicide CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER SIGNATURE 1-4-66 ASSOCIATE MEDICAL EXAMINER Rudiger Breitenecker, M.D. NAME (Type) 23A. BURIAL CREMATION. 23C. NAME of CEMETERY of CREMATORY 23B. DATE 23D. LOCATION (City, town, ar county) REMOVAL (Specify)

CHIZUK AMUNO (ARLINGTON)

24C. FUNERAL DIRECTOR

1/6/66

24B, NAME OF REGISTRAR

BURIAL

VS 151-REV. 1/1/65

24A, DATE REC'D BY HEALTH DEPT.

(State)

BALTIMORE, MARYLAND

SOL LEVINSON & BROS. INC. 6010 REISTERSTOWN RD

Such

to death. attendance

in regular

Was

death

physician who pronounced

(6) No physician was in regular

(except where the

was D.O.A. at a hospital

	De at Print)	HARRY O		JANUA	RY 4, 1966	5:45 A
3. P	PLACE OF DE	ATH IN BALTIMORE, MAR	YLAND	4. USUAL RESIDENCE (Who		stitution; residence before admis
H	FULL NAME OF HOSPITAL OR NSTITUTION	OF (If not in hospital a address at location	n institution, give street		stside city limits, write R	URAL and give township)
0		SUTTON PLACE 1111 PARK AV		D. STREET ADDRESS (IF 1111 PARK AVE.	ivial, give location) NUE APT 6	06
5. S	MALE	6. RACE WHITE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 6/28/1888	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Months Days Hours Mi
	. USUAL OCC e during most of	UPATION (Give kind of work wasking lile, even if retired) ORNEY	10B, KIND OF BUSINESS OR INDUSTRY LAW	BALTIMORE,		12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NA		VIN	14. MOTHERS MAIDEN NA	E BLOCK	
(Yes	s, na ai unknowi	Ever in U. S. Armed Ford (If yes, give war ar date:		17. INFORMANT		ADDRESS
N	10			MR. MARSHALL A	. LEVIN 10	LIGHT STREET
	(This does heart foilure,	SE OR CONDITION DIR LEADING TO DEATH not meon the made of osthenio, etc. It meons mplicotion which coused	dying, e.g., DUE TO	MYOCARDIAL II		
		ANTECEDENT CAUSES		PTENSIVE - MRTE	ERIOSCLEROTIL	15 YRS
NOIL	DISEASES (rise to the UNDERLYIN	ANTECEDENT CAUSES OR CONDITIONS, if of the constant constant conditions of the cond	ONTRIBUTING TED TO THE DOGS TES		C 0 0 '	
CATI	DISEASES (rise to the UNDERLYIN) OTHER SIGN TO THE DISEASE OR	ANTECEDENT CAUSES OR CONDITIONS, if of the obove couse (A) of CONDITION lost. II IFICANT CONDITIONS COMMENT OF THE CONDITION CAUSING IT CAUSI	ONTRIBUTING TED TO THE DIAGETES DITION FOR WHICH OPERATION			INDINGS CONSIDERED
AL CERTIFICATI	DISEASES of the UNDERLYIN OTHER SIGN TO THE DISEASE OR 19 A. DATE OF CONTRIB	ANTECEDENT CAUSES OR CONDITIONS, if of the obove couse (A) of CONDITION lost. II IFICANT CONDITIONS COPEATH BUT NOT RELA CONDITION CAUSING I' FOPERATION [198, CON]	ONTRIBUTING TED TO THE DIAGETES DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N NO in all about 21C. WHERE DID	a) 20B. IF YES, WERE F	INDINGS CONSIDERED
CAL CERTIFICATI	DISEASES rise to th UNDERLYIN OTHER SIGN TO THE C DISEASE OR 19A.DATE OF 21A. ACCIDE OR CONTRIB DEATH (notil)	ANTECEDENT CAUSES OR CONDITIONS, if or obove couse (A) or conditions (A) or conditions (A) or conditions (A) or conditions (A) or condition (A	ONTRIBUTING TED TO THE I. DITION FOR WHICH OPERATION ORMED 218. PLACE OF INJURY (e.g., home, form, factory, street, cetc.)	in a about 21C. WHERE DID Shiftice bidgs, 21F. HOW DID IN	a) 20B. IF YES, WERE F IN CERTIFYING CAL (If in Boltimate	INDINGS CONSIDERED JSES OF DEATH? City, give exact location)
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EDICAL CERTIFICATI	DISEASES rise to th UNDERLYIN OTHER SIGN TO THE C DISEASE OR 19 A. DATE OF 21 A. ACCIDE OR CONTRIB DEATH (notil) 21 D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we	ANTECEDENT CAUSES OR CONDITIONS, if e obove couse (A) G CONDITION lost. IFICANT CONDITIONS COME TO THE CONDITION CAUSING I'S FOPERATION PS. COME TO THE CONDITION CAUSING I'S FOPERATION PS. COME TO THE COME TO	ONTRIBUTING TED TO THE DIAGETES DITION FOR WHICH OPERATION ORMED 218. PLACE OF INJURY (e.g., home, form, factory, street, cetc.) (Hour) 21E. INJURY OCCURRED While At Not White At Wark) attended the deceased from dalive on Jaw 4 ed obove. (I) (We) (did) (dtd not)	20A. AUTOPSY? (Yes at N NO in at about 21C. WHERE DID strice bldg, INJURY OCCUR? 21F. HOW DID IN IN MACH I 19 6 ond t view the body ofter deoth.	20B. IF YES, WERE FIN CERTIFYING CALL (If in Boltimare) JURY OCCUR?	INDINGS CONSIDERED USES OF DEATH? City, give exact location) 1966 nion death occurred on the
EDICAL CERTIFICATI	DISEASES rise to th UNDERLYIN OTHER SIGN TO THE D DISEASE OR 19 A. DATE OF 21 A. ACCIDE OR CONTRIB DEATH (notif) 21 D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we ond hour on 23 A. SIGN AT	ANTECEDENT CAUSES OR CONDITIONS, if e obove couse (A) G CONDITION lost. IFICANT CONDITIONS COME TO THE CONDITION CAUSING I' FOPERATION 198. CON WAS PERFORM (Manth) (Day) (Year) That (I) (this haspital last sow the decease of from the couses stot our course of the couses stot our course our co	ONTRIBUTING TED TO THE JAGETES DITION FOR WHICH OPERATION ORMED 218. PLACE OF INJURY (e.g., home, form, factory, street, cetc.) (Hour) 21E. INJURY OCCURRED While At Not White At Wark O attended the deceased from attended the dece	20 A. AUTOPSY? (Yes or N NO in at about 21C. WHERE DID iffice bidg,, INJURY OCCUR? 21F. HOW DID IN Ile 19 66 ond t view the body ofter deoth. tending Med. Director	O) 20B. IF YES, WERE FIN CERTIFYING CAL (If in Boltimore JURY OCCUR? 19 50 ta	City, give exact location) W # 1966 1/4/1966
MEDICAL CERTIFICATI	DISEASES rise to th UNDERLYIN OTHER SIGN TO THE D DISEASE OR 19A. DATE OF 21A. ACCIDE OR CONTRIB DEATH (notil) 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we ond hour on 23A. SIGNAT	ANTECEDENT CAUSES OR CONDITIONS, if e obove couse (A) G CONDITION lost. IFICANT CONDITIONS COME TO THE CONDITION CAUSING I' FOPERATION 198. CON WAS PERFORM (Manth) (Day) (Year) That (I) (this haspital last sow the decease of from the couses stot our course of the couses stot our course our co	ONTRIBUTING TED TO THE JAGETES DITION FOR WHICH OPERATION ORMED 218. PLACE OF INJURY (e.g., home, form, factory, street, etc.) (Hour) 218. INJURY OCCURRED While At Not Whith At Work At Work attended the deceased from addive on Attended the deceased from Attended the deceased from addive on Attended the deceased from additional the deceased from Attended the Attended th	20A. AUTOPSY? (Yes or N NO in or about 21C. WHERE DID ffice bldg,, INJURY OCCUR? 21F. HOW DID IN 19 66 ond t view the body ofter deoth. tending Med. ys. 5501 FORES?	20B. IF YES, WERE FIN CERTIFYING CALL (If in Boltimare JURY OCCUR? 19 50 ta 99 hot in(my) (our) opin	City, give exact location) W # 1966 1/4/1966

BALTIMORE, MARYLAND 1/5/66 HEBREW FRIENDSHIP SOL LEVINSON & REC'D BY HEALTH DEPT. ADDRESS 25B. NAME OF REGISTRAR BROS. INC. 6010 REISTERSTOWN RD VS 150-REV. 1/1/65

IMPORTANT

DIRECTOR

FUNERAL

VS 150-REV. 1/1/65

27th St.

Hours

LIS

ADDRESS

UNKNOWN

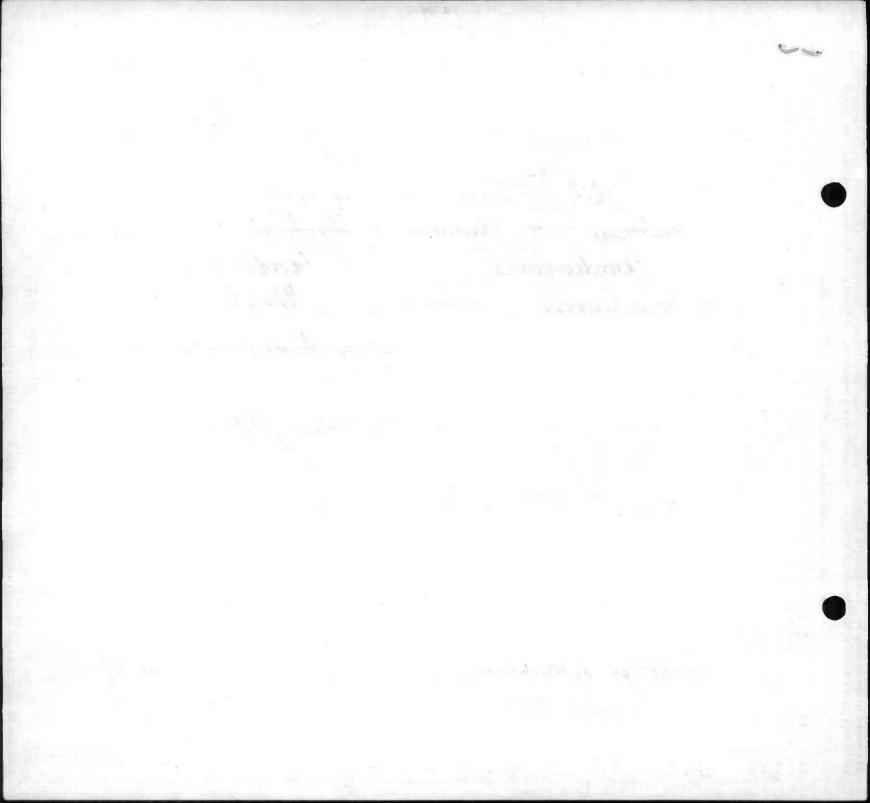
ADDRESS

INTERVAL BETWEEN ONSET AND DEATH

If Under 24 His.

This certificate must be approved by the chief medical examiner or his assistant if deoth occurred in a hospitol and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceosed was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician wos in regular ottendance on the deceased prior to death); and before the remoins are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

	00 00163	BALTIMORE CITY	HEALTH DEPARTMENT	0/	00402
BIRTH		CERTIFICA	TE OF DEATH	Registered No. 66	00100
1. NA	ME OF DECEASED (Colman)	1	2. DATE AN	D HOUR OF DEATH	/
	or Print) Calmen. Sc	ensuin)	120	5 AM 1/5	166. 125 M.
3. PL/	ACE OF DEATH IN BALTIMORE, MARYLAND	0	4. USUAL RESIDENCE (When	e deceased lived. If institut	ion: residence before admission)
FILE	LL NAME OF (If not in hospital or institution,	cive street	Baltimere 1	Manuland	,
HO	SPITAL OR oddress or location)	give sileer	1	side city limits, write RURA	L opd give township)
114.			Saltemere	2 Mari	Canal
5	INAI HOSPITAL		D. STREET ADDRESS	rurol, give location)	711
			2708 Oak	May Uve.	d'+1)
5. SEX		D, NEVER MARRIED FD, DIVORCED (specify)		9. AGE (In years If Mo	Under 1 Yr. If Under 24 Hrs.
10A, U	SUAL OCCUPATION (Give kind of work 108, KIND C		11. BIRTHPLACE (Stote or foreign	gn country) 12	CITIZEN OF
	uring most of working life, even if retired)	XXXXXXXXXX SHO	P XXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXX
13. FA	LOUIS	CALMEN	14. MOTHER'S MAIDEN NAM		
	(XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		CXXXXXX	XXXXXXXXXXX E	EVA HARRISON
	os Deceosed Ever in U. S. Armed Forces? o or unknown) (If yes, give wor or dotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	XXXX MRS.	FLORENCE BERLIN
MOR	XXXXXXXXXXXXXXXXXXX	214-01-6754	LAXXXX	XXXX 2708	OAKLEY AVENUE
18		CAUSE O	F DEATH	////	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY		2.11.	Mr VE	ONSET AND DEATH
	LEADING TO DEATH	(A)	v garage		alulus
	This does not mean the mode of dying, e.g eart failure, asthenia, etc. It means the disease		Athenizeles	to Carlas	or Sollars
	njury or complication which caused death.)		Mu I die	-00 700	
	ANTECEDENT CAUSES	DUE TO		A 1	. / /
	DISEASES OR CONDITIONS, if any, giving		wand Il	Marken	Charins
	se to the above couse (A) stating the INDERLYING CONDITION last,	(C)	Jf-1	V f 1 1 X W V f V V V V V V V V V V V V V V V V V	
	II .				-
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING THE DEATH BUT NOT RELATED TO T				
	DISEASE OR CONDITION CAUSING IT.				
ERTIFIC	PA. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or No.	10 CERTIFYING CAUSES	INGS CONSIDERED OF DEATH?
CEN 2	A. ACCIDENT WAS UNDERLYING 21	R DI ACE OF INITION/o o	n or obout 21 C. WHERE DID	(If in Rollimore City	y, give exoct locotion)
70	R CONTRIBUTING CAUSE OF	me, form, foctory, street, of	fice bldg., INJURY OCCUR?	th in politione City	y, give exact locowon/
2	D. TIME (Month) (Doy) (Year) (Hour) 21	E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
>	W BBBOY!	Thile At Not While At Work	e _		
2	2. I certify that (1) (this haspital) attended		10014	9 66 10	19 66
	not (I) (we) lost sow the deceosed olive on	O COLOR Y	// >		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
				or in (my) (our) opinion	death accurred on the date
	nd hour and from the couses stated above. A. SIGNATURE	(1) (We) (did) (did not) y	lew the body ofter deoth.	1000	L DATE SIGNED
2.5	A. SIGNATURE	M.D. Atte	ending Med.		12/2/
120	reerge sunn	Phy		Stoff Phys.	13/66
1	NAME (Type)		23D. ADDRESS	118 -1	11
	GEORGE ISANI	KS M.D.	Serge	1 Callet	all 1
24A.	BURIAL CREMATION, 24B. DATE 24C. PREMOVAL (Specify)	NAME of CEMETERY OF CRI			CYLAND (Stote)
	DUITAILE	IAI ISRAEL		,	
25A.		OF REGISTRAR	25C. FUNERAL DIRECTOR	& PDAC THE 401	O REISTERSTOWN R
J	AN 10 1966 (Les & . 10	Mary O D	SOT LEAINZON	P DKO2. INC. DO I	O VETSTEWN ONLY
VS 15	0-PEV 1/1/65		0 0 0		



VS 150-REV. 1/1/65

MERCY HOSPITAL

FEMPLE CANEDSIAN WIDOWED

HIMENAKER

BALTIMERE CITY

2715 N CHARLES STREET

22 JUNE 1893 - 73

MARYLAND U.

JOSEPH F. BRUNNER SARAH KREUZER

PRIGHBLE CEREBRAL METAL 1N SES

A DEN COARCINGTA (L) BEEL P WITH METALTALES PULLE BARY & ANILLARY

3 SEPT. 15 ADENGER & BREAST NO

MAL

Mary Jim Ratur WB

X 6

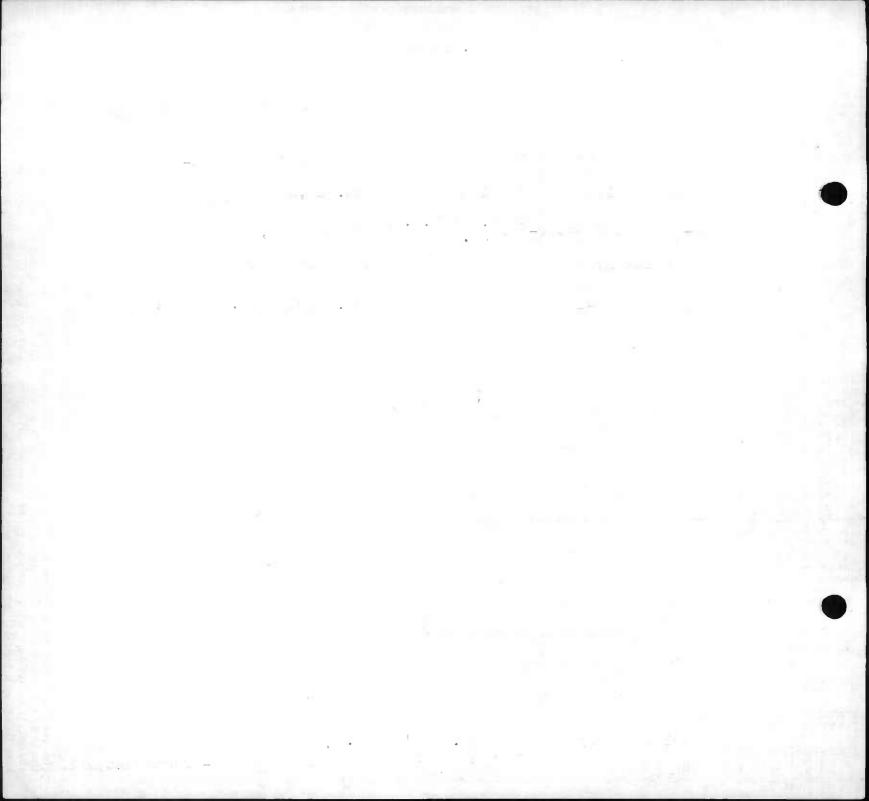
FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. BIRTH NO. Such (5) Deceased death M.E. CASE NO. I. NAME OF DECEASED 2 DATE AND HOUR OF DEATH (Type at Print) LO O SR RVIN hospital of death. 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) attendance A. STATE B. COUNT (If not in haspital at institution, give street cause FULL NAME OF HOSPITAL OR address or location) C. CITY OR TOWN write RURAL and give (If outside canse; 10 NSTITUTION 8 prior (If rural, give lacation) contributing is made. (4) Undetermined regular 5. SEX 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Un 6. RACE If Under 24 His. deceased last birthdayL 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (States at fateign country) 12. CITIZEN OF final disposition death done during most of working life, even if retired) C Was 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME death LO 15. Was Deceased Ever in U. S. Armed Farces ADDRESS 6. SOCIAL 17. INFORMAN (Yes, no aj unknown) (If yes, give was as dates of service) SECURITY NO. attendance 'Qu 0 any CAUSE OF DEATH INTERVAL BETWEEN 00 ONSET AND DEATH Also, DISEASE OR CONDITION DIRECTLY med fracture of LEADING TO DEATH 10 (This does not mean the mode of dying, e.g., embal heart failure, asthenio, etc. It means the disease, gular aminer. injury or complication which caused death.) ANTECEDENT CAUSES who 76 Gre DISEASES OR CONDITIONS, if ony, ල ise to the obove couse (A) stating the physician before the remains UNDERLYING CONDITION IOSI. medical medical burns; Was 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. chief (2) Body 1198, CONDITION FOR WHICH OPERATION 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19 A. DATE OF OPERATION 20A. AUTOPSY? (Yes or No) the 8 WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 & PLACE OF INJURY (e.g., in at about 21 C. WHERE DID hame, faim, factary, street, affice bldg., INJURY OCCUR? where City, give exact lacation) CAL hospital Ŷ DEATH (notify medical examiner) etc.) nature; obtained MEDI 21 D. TIME (Manth) (Day) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY approved Not While (except While At (APPROX.) At Work Wark and to the any 22. I certify that H (this haspital) attended the deceased from 19 (06 that (1) (we) last saw the deceased alive an and that in (my) (our) opinion death accurred on the date of death) hospital must and have and from the causes stated above. (1) (We) (did) (did not) view the bady after death. accident 23A SIGNATURE 23 B. DATE SIGNED Attending Med. Director Staff 0 Phys. Phys. approval 8 23D. ADDRESS 23C. PHYSICIAN'S prior at NAME (Type) An ONA M.D. 10 ER 24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY deceased the body was D.O. REMOVAL (Specify) written shows: BY HEALTH DEPT. 250 NAME OF REGISTRAR ADDRESS 25C. FUNERAL DIRECTO VS 150-REV. 1/1/65

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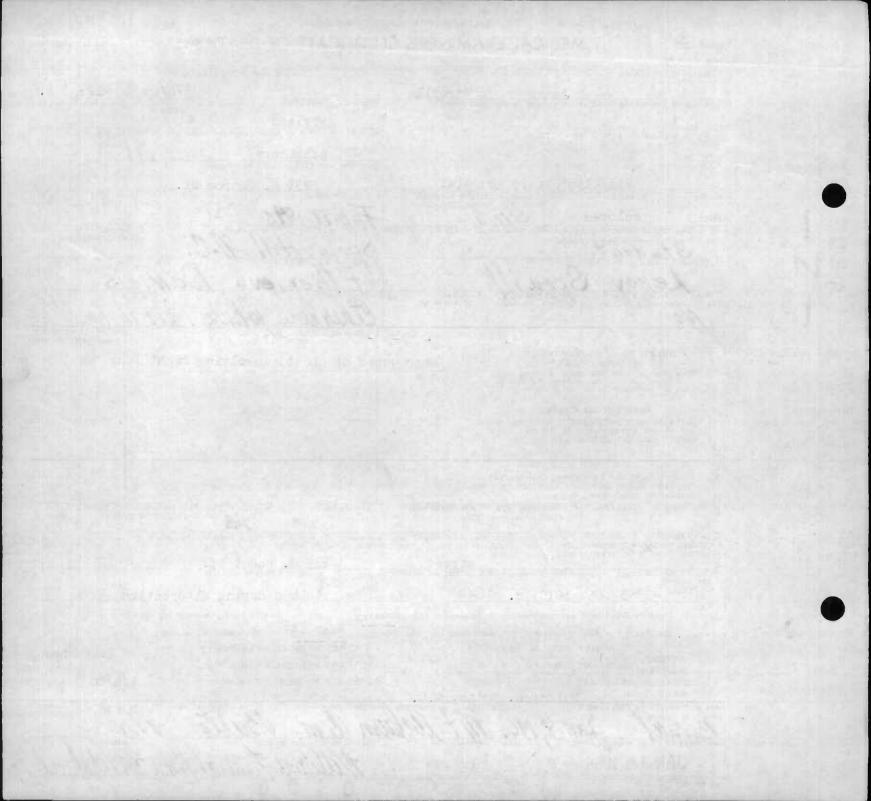
Such

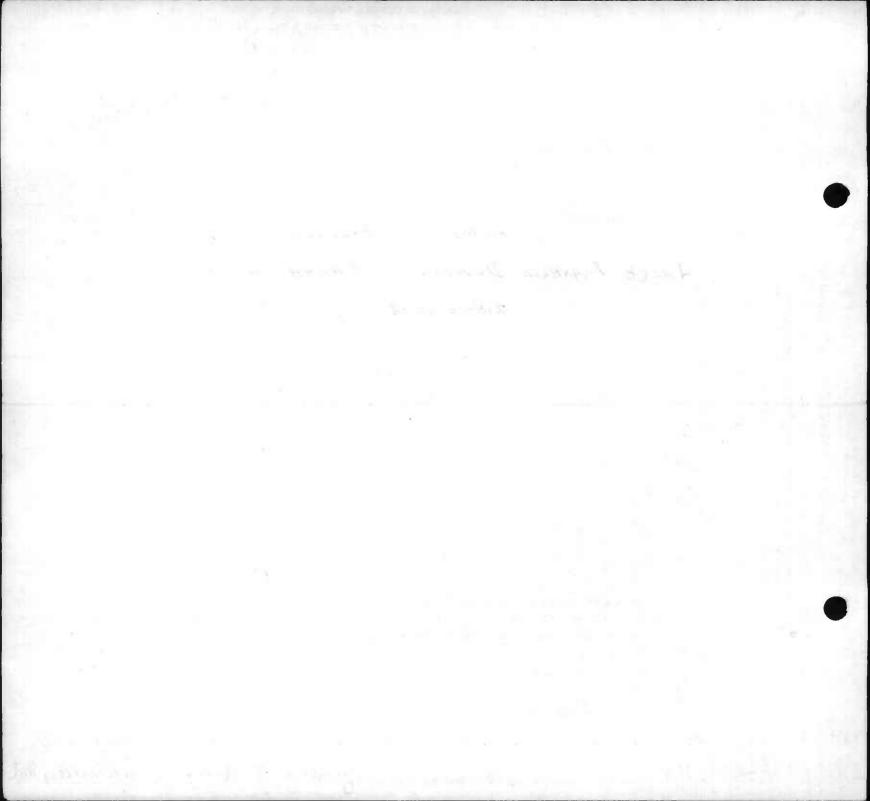
00 00400	BALTIMORE CITY	HEALTH DEPARTMENT	20 00400
BIRTH NO. 66 00186	CERTIFICA	TE OF DEATH Registered N	66 00186
M.E. CASE NO. 1. NAME OF DECEASED EDWA	ARD E. LYDEN	2. DATE AND HOUR OF DEA	711
Type or Print) EDWARD E.		JANUARY 4 19	166 1 10.30 A.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceased lived. I	(institution: residence before admission)
FULL NAME OF (If not in hospital or instit HOSPITAL OR oddress or location)	ution, give street	Maryland c. CITY OR TOWN (If outside city limits, wri	
108160	4	Baltimore D. STREET ADDRESS MORE (Il rurol, give locotion)	
MERCY HOSPIT	AT.		
		2221 Barclay St-	
Male White Ma	RRIED, NEVER MARRIED OWED, DIVORCED (specify) APPLED	8. DATE OF BIRTH Oct. 12,1894 9. AGE (In years lost birthday) 71	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
det-Uniel inspector-	omm. of M.V.of	Youngstown, Ohio	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME			
Patrick Lyden		Catherine Folan	
S. Was Deceased Ever in U. S. Armed Forces? Tes, no or unknown {lif yes, give wor or dates of set	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
yes WW-1	320000111101	Mrs. Norinne C. Lyde	n (Widow)
1B. 14 14 3 Y	CAUSE O		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY			ONSET AND DEATH
LEADING TO DEATH	(A) Cer	ebul Thrombosis	
(This does not mean the made of dying, heart failure, asthenia, etc. It means the dis	e.g.,	600 0 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
injury or camplication which caused death.)			
ANTECEDENT CAUSES	(B) /- S	. (.V. 5)	
DISEASES OR CONDITIONS, if any,			
rise to the above cause (A) stating	the (C) thy	perturion	
UNDERLYING CONDITION last.	V	/	
OTHER SIGNIFICANT CONDITIONS CONTRIE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	UTING O THE		
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WE	RE FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED)	IN CERTIFYING	CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21C. WHERE DID (If in Boltin fice bldg., INJURY OCCUR?	more City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY	While At Not While		
	Work - At Work		21.1.2.2.2.2.
22. I certify that (X (this haspital) atten			
that (I) (we) last saw the deceased alive	an January 4	19.66 and that In(my) (ast)	apinion death accurred an the dat
and haur and fram the causes stated abo	ive. (1) (We) (dld) (dld nat) v	iew the bady after death.	
23A. SIGNATURE			238, DATE SIGNED
Mr. Celdin.	M.D. Atte	nding Med. Stoff Phys.	1/4/66
23C. PHYSICIAN'S		23D. ADDRESS	
MARIA PIA CALDI	()/ M.D.	MERCY HOSP	
4A. BURIAL CREMATION, 24B. DATE	4C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION	(City, town, or county) (State)
REMOVAL (Specify)	/	and the second s	
Burial 1/7/66	Balto. Nat'l	Cem. Maryland 25C. FUNERAL DIRECTOR	ADDRESS
JAN 10 1966 A.O. 6-8	La Duna	WIEDEFELD & SON-Gr	eenmount & 22nd
	Mansada (1)	0 0 1 0 5	The world
'\$ 150-REV. 1/1/6\$		J . J &	



5-164

66 00187	BALTIMORE CITY HEAD	
BIRTH NO. MEDICAL E.	XAMINER'S C	CERTIFICATE OF DEATH Registered No.
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AND HOUR PRONOUNCED DEAD
(Type or Print)	C	1/4/66 12:30 a.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONO	Spruill UNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmissing. A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION)	UTION, GIVE STREET	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Comments of the Comments of th		D. STREET ADDRESS (If rurol, give locotion)
Franklin Square H	NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr, If Under 24 H
male colored WIDOWED,	DIVORCED (specify)	Feb. 19, 1948 lost birthdoy Months Doys Hours Min
10A. USUAL OCCUPATION (Give kind of work) 0B. KIND Odone during most of working life, eyen if refired)	E É SINESS OR INDUSTR	TY IT. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	1	FTACK DALD DOWN LS
15. WAS DECEASED EVER IN U.S. ARMED FORCES?/	16. SO CIAL SECURITY NO.	17. INFORMANT ADDRESS
No		Cherlene Johnson 213 /11 Mounts
18. E 98 2 1X	CAUSE	E OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Stab wo	ound of chest, involving right lung
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	DUE TO	
ANTECENDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO	
NO	(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 19B, CONDITION FOR WAS PERFORMED		
DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A, AUTOPSY? (Yes of No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. EXTERNAL CAUSE WAS 21B. UNDERLYING OR CONTRIB-	PLACE OF INJURY (e.g., e, form, foctory, street,	in or obout 21C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?
UTING CAUSE OF DEATH.	street	215 N. Mount St.
OF INJURY	WHILE AT NOT	WHILE
22.		
I certify that I held on Inquiry resulted from: Notural couses	Inspection Au-	tapsyx and that on this basis, death in my opinian de Homicide X Undetermined monner
Tostiles from North Courses	Joicia /	CHIEF MEDICAL EXAMINER
SIGNATURE MUSICAL	1.5 16	ASSISTANT MEDICAL EXAMINER X
EXAMINER'S	Spitz. N.D.	ASSOCIATE MEDICAL EXAMINER 1/4/66
		CREMATORY 23D. LOCATION (City, town, or county) (Stote)
BURLEY STATE REC'D BY HEALTH DEPT. 248, NAME	OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
JAN 10 1966 Res & E.	Farley MA	Williams Funeral Home 319 M Salvora
VS 151-REV. 1/1/65 N 8 7 3 . 3	6 6 0 0	00106





This certificate must be approved by the chief medical examiner or his assistant if de the body was released to the hospital by a medical examiner. Also, if the direct shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Urwas D.O.A. at a hospital (except where the physician who pronounced death was deceased prior to death); and (6) No physician was in regular attendance on the

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eceased

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contributing cause

determined in regular

66 00189 BALTIMORE CITY HEALTH DEPARTMENT Registered No. C 111 RC CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. INAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admis ERNON L. HILL A. STATE MD-FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAN INSTITUTION BALTO. 36 D. STREET ADDRESS MERCY HOSPITAL (If rurol, give location) KENLEX KVE 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Un Months Doys Hours If Under 24 Hrs. WIDOWED, DIVORCED (specify) MAKRIED 10A, USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) SELF-EMPLOYED 4.5.A. General Contractor 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME HARRY LOLA HINKUN 15. Was Deceased Ever in U. S. Armed Forces?
(Yes,no or unknown) (If yes, give wor or dates of service) 6. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. 215-01-8285 PATTENT No CAUSE OF DEATH INTERVAL BETWEEN 9 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY mbalmed PUPTURED ABBOHUNK AGRTA-LEADING TO DEATH (This daes not mean the made of dying, e.g., hearl lailure, asthenia, etc. It means the disease, injury or camplication which caused deoth.) ARTERIOSELE ROSE CENERALIZED ANTECEDENT CAUSES are DISEASES OR CONDITIONS, il any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 9A. DATE OF OPERATION 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED EUTTURED ABDOMINAL ANEURYSM 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? U in Boltimore City, give exoct location) DEATH (notify medical examiner) (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While [(APPROX.) Work At Work Jau-1966 10 22. I certify that (I) (this haspital) ottended the deceased from Van. that (1) (we) lost saw the deceased alive an 2 3 Volu. 1966 and that in (my) (aur) opinion deoth occurred on the dote and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. must 23A. SIGNATURE 23B. DATE SIGNED Attending Med. Phys. 23C. PHYSICIAN'S NAME (Type) 23 D. ADDRESS GONZACE EUSEBIO deceased written ap 24A. BURIAL CREMATION, 24C, NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) Burial 1-8-1966 Moreland Momerial 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR Cemetery Baltimore V\$ 150-REV. 1/1/65

2 125-4 (1 887)

			BALTIMORE CITY	HEALTH DEPARTMENT	10. Nb. 21	0.000
BIRTH NO.	66 00190)	CERTIFICA	TE OF DEATH	A Madiground No.	Jeet Of Sty
M.E. CASE NO.	UV			12 to 14 to	N	GR
I. NAME OF DECEAS Type or Print)	LES Joss	oh	Adkins	2. DATE AN	O LOUR OF DEATH	1130 AM
B. PLACE OF DEATH	IN BALTIMORE, MARYLAN	ID .	TO KITS	4. USUAL RESIDENCE (When	re deceased lived. If insti	tution: residence before admission)
FULL NAME OF HOSPITAL OR	(If not in hospital or inst address or location)	itution, g	give street	BALTIMOR	Md. 160 Iside city limits, write RUI	DOOLITTE Rd.
INSTITUTION	Baltimore Ci 4940 Eastern	-		Baltimore		Bull
1	Baltimore, M			1608 Doolittle	rurol, give locotion) e Road #Apt.	E. 53-00
5. SEX 6.	RACE 7. M	DOWED	NEVER MARRIED , DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yı. If Under 24 His. Aonths Doys Hours Min.
IOA, USUAL OCCUPA	MON (Give kind of work 108. N			11. BIRTHPLACE (State of forei	gn country)	12, CITIZEN OF WHAT COUNTRY?
Men		ppys	Cleaners	MARYLAND Bal	Ltimore	usn.
13. FATHER'S NAME				14. MOTHER'S MAIDEN NA	ME	
d	2 se'd			Dre's	1	
5. Was Deceased Ev (Yes, no or unknown) (If	er in U. S. Armed Forces? yes, give wor or dotes of s	ervice)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
Yes			217-12-0681	RECORDS: BCH 49	40 Eastern Av	re., Balto., Md.
18.33/	XI		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	OR CONDITION DIRECTL ADING TO DEATH	Υ		Inter cur bral	Usan 120/	40 hs
(This does not	mean the mode of dying		DUE TO	mu cum	gzminnage	70
	lhenio, etc. Il means the d calion which coused deoth				0	
	TECEDENT CAUSES		(B)	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	The state of the s	
DISEASES OR	CONDITIONS, if ony,	giving	DUE TO			
	above cause (A) statis	g the	(C)		vo	
ON DEMENTION O	11					
E TO THE DEA	ANT CONDITIONS CONTR TH BUT NOT RELATED INDITION CAUSING IT.					77
19A. DATE OF O			VHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS CONSIDERED ES OF DEATH?
OR CONTRIBUTION	WAS UNDERLYING CAUSE OF	21 B. hometc.)	e, form, foctory, street, o	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore C	City, give exact location)
21D. TIME (A	Aonth) (Doy) (Year) (Ho	ur) 21 E.	INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
OF INJURY		Whi	le At Not Whi	е		
22. I certify the	at (1) (this hospital) atte	nded th			19 to 1-5	- 66
	st saw the deceased ali		1-5-66			an death occurred an the date
and have and fe	am the causes stoted al	oave. (1	(We) (did) (did not)	view the bady after death.		
23A. SIGNATURE	0 011/1		01:0		1/	3B. DATE SIGNED
	& Vatural (Cul	Geld M.D. Att	ending Med. Director	Stoff Phy s.	1-5-66
NAME (Type		aulfi	leld M.D.	23D. ADDRESS 4940 Eastern Av	enue, Baltimo	ore, Md. 21224
24A. BURIAL CREM'A REMOVAL (Spe		24C. NA	ME of CEMETERY OF CR	EMATORY 24D. L	OCATION (City,	town, or county) (Stote)
Burial	1-8-1966	Be	lair Memorial	Cemetery Be	al Air. Mo	1.
JAN 10		NAMEO	OF REGISTRAR	25C. FUNERAL DIRECTOR	0 7.1	ADDRESS 36
VS 150-REV. 1/1/65	00000	7		J KOODER GO	musy memi	10/15 man from



66 UUL	BALTIMORE CITY	Y HEALTH DEPARTMENT		
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered Na.	GG GU191
M.E. CASE NO.	CERTIFICA			00
NAME OF DECEASED Type or Print)			D HOUR OF DEATH	
Lena Ricci		Jan	6, 1966	6 A . M. stilution: residence before admission)
PLACE OF DEATH IN BALTIMORE, A	TARYLAND	A. STATE B. COUN	e deceased lived. If in TY	stilution: residence before admission)
FULL NAME OF (If not in haspit	al ar institution, give street	Maryland		
HOSPITAL OR oddress or local	ian)	C. CITY OR TOWN (If out	side city limits, write	RURAL ond give tawnship)
)		Baltimore	d	404
			rural, give facation)	
1623 Covington	1 St.	1623 Covir	ngton St.	
SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDQWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years last birthdoy)	If Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min.
female white	divorced	Nov. 2,1892	73vrs.	Tricking Days Tracks
	ork 108. KINO OF BUSINESS OR INDUSTRI	1 13. BIRTHPLACE (State or forei		12. CITIZEN OF
ne during mast of working life, even if retired				WHAT COUNTRY?
Seamstress	Schloss Bros.	New Orleans		U.S.A.
FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ΛE	
Salvadore Carna	aggio	Rose Tumir	nella	
. Was Deceased Ever in U. S. Armed I es, no or unknawn) (If yes, give war ar d		17. INFORMANT		ADDRESS
es, no or unknown) (If yes, give war ar d				
no none	218-28-215		ilton 1623	
18. / 7 / X I	CAUSE	OF DEATH	1	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION I		5	10	ONSE! AND DEATH
LEADING TO DEAT	(A)	wwww	nen /C	Chron Mean
(This daes not mean the made		oo oo oo ah aa oo oo aad kaasaa ah aad aa ah aa ah aad ah ad ah		
heart failure, asthenia, etc. It mea				
ANTECEDENT CAUS	480			
	OUE TO			
rise la lhe abave cause (A				
UNDERLYING CONDITION last.	A) slaling the (C)			
			1	
OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING A.	leged Mits	1	
TO THE DEATH BUT NOT RE	LATED TO THE UNIVAL	ized our	y had	
DISEASE OR CONDITION CAUSING		20A. AUTOPSY? (Yes or No	20R IF YES WERE	EINDINGS CONSIDERED
	ERFORMED	2010131, 1103 01 110	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING	218 BLACE OF INTURY (2.5.	is as about 21 C WHERE DID	(If in Boltiman	City City Control (1995)
OR CONTRIBUTING CAUSE OF	hame, form, factory, street,	office bldg., INJURY OCCUR?	tit in pairimare	City, give exact location)
DEATH (natify medical examiner)	elc.)			
21 D. TIME (Manth) (Day) (Yes	in) (Hour) 21E, INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
21 D. TIME (Manth) (Day) (Year OF INJURY (APPROX.)	While At Not Whi			
	Wark L. Al Work			
22. I certify that (I) (this haspi	ral) attended the deceased from	/4x2- 1	965 to	1 4 44 19
that (I) (we) last saw the decea	sed alive an // 5//	19 4 Ca and the	at in(my) (aur) opi	nian death accurred an the dat
	tated abave. (I) (We) (did) (did nat)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
23A, SIGNATURE	rated above. (I) (we) (did) (did hat)	view the bady after death.		DATE CIGNED
23A. SIGNATURE	n. 60.			238. DATE SIGNED
Loaul 1		tending Med. Director	Staff Phy s.	117/46
23C. PHYSICIAN'S		23D. ADDRESS		1
NAME (Type)	1177 m.o.	1000 0 0	7 6+ 5	-34- 363 030-
	TITIEL .	1220 D. Chai		alto. Md. 21230
A. BURIAL CREMATION, 248. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CE	REMATORY 24D. LO	CATION (Ci	ty, tawn, or county) (State)
Burial 1/8/6	6 Glen Haven Mer	morial Park Ri	tobic Win	hwer Dolla Ma
SA. DATE REC'D BY HEALTH DEPT.	25B NAME OF REGION AR	25C. FUNERAL DIRECTOR	rente uta	hway Balto Md.
IAN 10 1966 (P.O.	P. S. Jansan	KRAUSE FUNE		1216 S.CharlesS
TIME TO 1000 0000	WI BUILDING			I TOOD

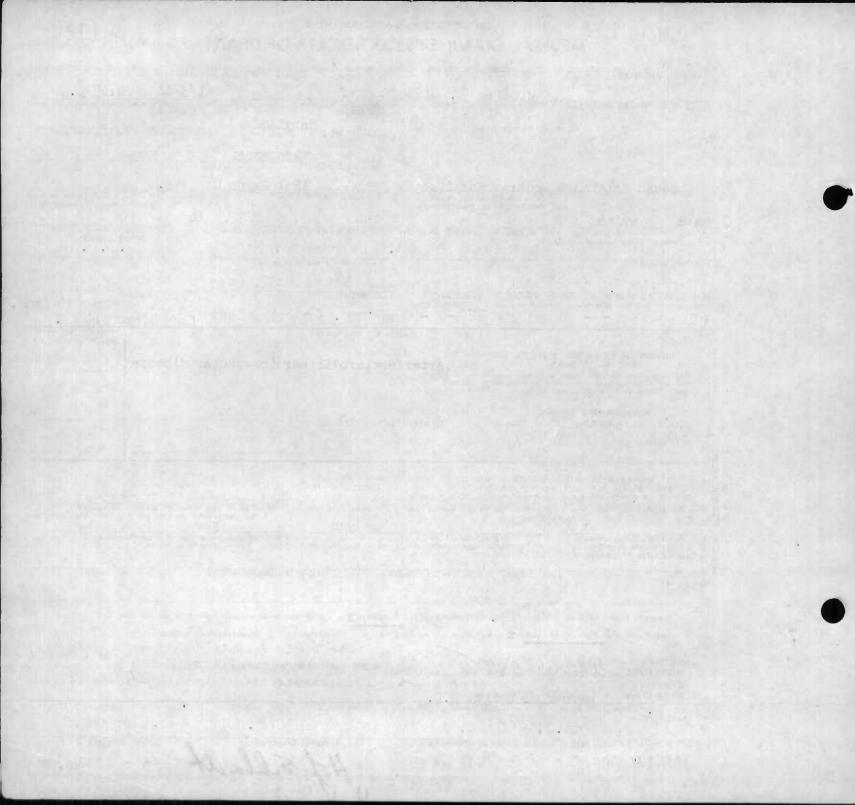
VS 150-REV. 1/1/65



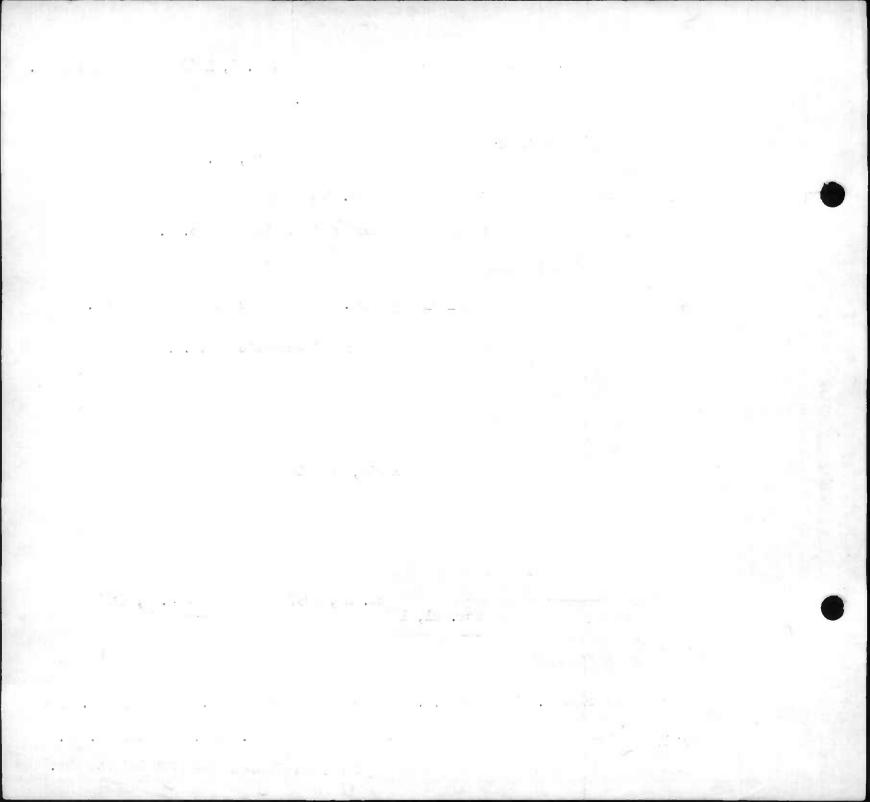
VS 151-REV. 1/1/65

BALTIMORE	CITY	MEALTH	DED A D	PAACNIT
DALIMUKE	CILT	DEALID	DEPAK	MENI

1. NAME OF DE	ECEASED			2. DATE AND	HOUR PRONOUNCE	ED DEAD	
(Type or Print)		JOSEPH E. ALBERT	. Sr.		1/3/6	6 4:4	5 p.
3. PLACE IN BAI	LTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD		DENCE (Where de	ceosed lived. If insti	tution: residence	before odmiss
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	L OR INSTITUTION, GIVE STREET TION)	C. CITY OR TO		corporate limits, write		e township)
			D. STREET ADD	RESS (If rurol, gi		SMU C) (3 44
Sou	th Baltimore	deneral Hospital		1931 Gwy	nn Oak Ave		
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRT		9. AGE (In years lost birthday)	If Under 1 Yr. Months, Doys	
male	white	Married	March 1	1901	64		110013
IOA. USUAL OCC	CUPATION (Give kind of work	108. KIND OF BUSINESS OR INDUSTR		,	country)	12. CITIZEN OF	LILITOVO
done during most of Forer	f working life, even if retired)	American Oil Co.	Baltin	nore, Ma	ryland	WHAT COL	
3. FATHER'S NA			14. MOTHER'S N				
Franc	eis Augustus	Albert	Leur	a McIlh	anev		
15. WAS DECEAS	SED EVER IN U.S. ARMED	FORCES? 16. SOCIAL	17. INFORMANT		7.00	ADDRESS	0 1
Yes, no or unknow	(If yes, give wor or dote	s of service) SECURITY NO. 220-09-870"	7 Mrs. J	oseph A	lbert, Ba	31 GWYNI	n Oek !
11B. #/		CALLS	OF DEATH		, 00.		RVAL BETWEE
	ANTECENDENT CAUSE	(B)					3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
DISEASES RISE TO T UNDERLY	ANTECENDENT CAUSE S OR CONDITIONS, IF A HE ABOVE CAUSE (A) ST ING CONDITION LAST.	NY, GIVING (B)					
DISEASES RISE TO T UNDERLY OTHER SIGN TO THE TO THE	OR CONDITIONS, IF A	NY, GIVING DUE TO (C)					
DISEASES RISE TO T UN DERLY OTHER SIGN TO THE TO THE DISEASE OF T	OR CONDITIONS, IF A HE ABOVE CAUSE (A) 51 ING CONDITION LAST. II GNIFICANT CONDITIONS DEATH BUT NOT REI OR CONDITION CAUSING	NY, GIVING DUE TO ATING THE (C)	20A. AUTOPS		IB. IF YES, WERE FIII I CERTIFYING CAU: YES		DERED
DISEASES RISE TO T UNDERLY OTHER SIGNATURE OF THE DISEASE OF THE	OR CONDITIONS, IF A HE ABOVE CAUSE (A) 51 ING CONDITION LAST. II GNIFICANT CONDITIONS DEATH BUT NOT REI OR CONDITION CAUSING OF OPERATION [198, CON	NY, GIVING DUE TO ATING THE (C)	yes	WHERE DID (IF	yes	SES OF DEATH?	
DISEASES RISE TO T UNDERLY OTHER SH TO THE DISEASE OF THE DISEASE	OR CONDITIONS, IF A HE ABOVE CAUSE (A) ST HING CONDITION LAST. II GNIFICANT CONDITIONS DEATH BUT NOT REI OR CONDITION CAUSING OF OPERATION 198. CON WAS PERI AL CAUSE WAS	NY, GIVING ATING THE (C)	yes in or about 21C. office bldg., INJUR	WHERE DID (IF	I CERTIFYING CAUS YES in Boltimore City, gi	SES OF DEATH?	
DISEASES RISE TO TUNDERLY OTHER SHOTO THE DISEASE OF TO THE DISEASE OF TO THE DISEASE OF THE DI	OR CONDITIONS, IF A HE ABOVE CAUSE (A) ST HING CONDITION LAST. II GNIFICANT CONDITIONS DEATH BUT NOT REI OR CONDITION CAUSING OF OPERATION 198 CON WAS PERI AL CAUSE WAS GOOR CONTRIB- LUSE OF DEATH. (Month) (Doy) (Yeor	NY, GIVING ATING THE (C)	yes in or obout 21C. office bldg, INJUR 21F. H	WHERE DID (IF	T CERTIFYING CAU: YES In Boltimore City, gi	SES OF DEATH?	A TOTAL
DISEASES RISE TO T UNDERLY OTHER SI TO THE DISEASE 19A. DATE OF 21A, EXTERN UNDERLYING UTING CA 21D TIME OF INJURY (APPROX.) 22. 1 cee	OR CONDITIONS, IF A HE ABOVE CAUSE (A) ST HING CONDITION LAST. II GNIFICANT CONDITIONS DEATH BUT NOT REI OR CONDITION CAUSING OF OPERATION 198. CON WAS PERI AL CAUSE WAS GOOD CONTRIB- LUSE OF DEATH. (Month) (Doy) (Year	NY, GIVING ATING THE (C)	yes in or obout 21C. office bldg, INJUR 21F. H WHILE VORK on	WHERE DID (IF	Jes in Boltimore City, gi	ses Of DEATH?	A TOTAL
DISEASES RISE TO T UNDERLY OTHER SI TO THE DISEASE 19A. DATE OF 21A, EXTERN UNDERLYING UTING CA 21D TIME OF INJURY (APPROX.) 22. 1 cee	OR CONDITIONS, IF A HE ABOVE CAUSE (A) ST HING CONDITION LAST. II GNIFICANT CONDITIONS DEATH BUT NOT REI OR CONDITION CAUSING OF OPERATION 198. CON WAS PERI AL CAUSE WAS GOOD CONTRIB- LUSE OF DEATH. (Month) (Doy) (Year	NY, GIVING ATING THE (C)	yes in or obout 21C. office bldg, NJUR 21F. H WHILE VORK topsy X on	WHERE DID (IF IY OCCUR? OW DID INJUR and that on this ide Un	TOCCUR?	ses Of DEATH?	A TOTAL
DISEASES RISE TO T UNDERLY OTHER SI TO THE DISEASE 19A. DATE OF 19A. DATE OF 21A. EXTERN UNDERLYING UTING CA 21D TIME OF INJURY (APPROX.) 22. I ce	OR CONDITIONS, IF A HE ABOVE CAUSE (A) STAND THE ABOVE CAUSE (A) STAND THE ABOVE CAUSE (A) STAND THE ABOVE CONDITION CAUSING OF OPERATION 19B, CON WAS PERIOD (Month) (Doy) (Yeor Condition) (Month) (Doy) (Yeor Condition) (Yeor Condition) (Month) (Doy) (Yeor Condition) (Month) (Month) (Doy) (Yeor Condition) (Month)	CONTRIBUTING ATED TO THE (C)	yes in or obout 21 C. office bldg., INJUR 21 F. H WHILE VORK topsy X on CHIEF M	WHERE DID (IF IY OCCUR? OW DID INJUR Ind that on this ide Un MEDICAL EXA	T CERTFYING CAU: YES in Boltimore City, gi Y OCCUR? bosis, deoth in m determined manne	ses Of Death? ve exact location ny opinion	A TOTAL
DISEASES RISE TO T UNDERLY OTHER SH TO THE DISEASE OTHER SH TO THE DISEASE 19A. DATE OF 21A. EXTERN UNDERLYING UTING CA 21D TIME OF INJURY (APPROX.) 22. 1 ce resu ACTU SIGNA EXAMI	OR CONDITIONS, IF A HE ABOVE CAUSE (A) STANDED TO THE ABOVE CAUSE (A) STANDED TO THE ABOVE CAUSE (A) STANDED TO THE ABOVE CONDITION CAUSING TO THE ABOVE CAUSE WAS PERIOD (Month) (Doy) (Year Above Cause Was Perify that I held on Included from: Notural conditions and the Above Cause Was Perify that I held on Included from: Notural conditions and the Above Cause Was Perify that I held on Included from: Notural conditions and the Above Cause Was Perify that I held on Included from: Notural conditions and the Above Cause	CONTRIBUTING ATED TO THE IT. DITION FOR WHICH OPERATION PORMED 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) WHILE AT NOT NOT WORK AT WORK ACCIDENT SUICIC	yes in or obout 21C. office bldg, NJUR 21F. H WHILE VORK topsy X on Ge Homic CHIEF M ASSISTANT M	WHERE DID (IF IY OCCUR? OW DID INJUR and that on this ide Un	TOCCUR? bosis, deoth in management of the manag	ses Of Death? ve exact location ny opinion	TE SIGNE
DISEASES RISE TO T UNDERLY OTHER SH TO THE DISEASE OF 19A. DATE OF 21A. EXTERN UNDERLYING UTING CA 21D TIME OF INJURY (APPROX.) 22. I ce resu ACTU. SIGNA EXAMI NAME	OR CONDITIONS, IF A HE ABOVE CAUSE (A) STANDED TO THE ABOVE CAUSE (A) STANDED TO THE ABOVE CAUSE (A) STANDED TO THE ABOVE CAUSE OF OPERATION 198. CON WAS PERIOD (Month) (Doy) (Year and the Above Cause Was perify that I held on the above cause of Death. OR CONTRIBUTE (Month) (Doy) (Year and the Above Cause Was perify that I held on the above cause of Death. OR CONTRIBUTE (Month) (Doy) (Year and the Above Cause Was perify that I held on the above cause of Death.	CONTRIBUTING ATED TO THE IT. DITION FOR WHICH OPERATION PORMED 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) WHILE AT NOT NOT WORK INSPECTION AU USES A Accident Suicic	yes in or obout 21C. office bldg, NJUR 21F. H WHILE VORK topsy X on Ge Homic CHIEF M ASSOCIATE M	WHERE DID (IF IY OCCUR?) OW DID INJUR IN THE IT IN THE	TOCCUR? bosis, deoth in madetermined manner MINER MINER MINER MINER MINER	ve exact location ny opinion pr DA 1/4/66	TE SIGNE
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				BALTIMORE CITY	HEALTH DEPARTMENT		
	TH NO.	66 00	193	CERTIFICA	TE OF DEATH	Registered Na	3 00193
	AME OF DE		100			D HOUR OF DEATH	
(Typ	e or Print)	Ida	Catherin	e Snider	Jai	n. 6. 1966	12:15 P.M
3. 1	PLACE OF DE	ATH IN BALTIMORE, MA			4. USUAL RESIDENCE (Whe	re deceased lived. If inst	12:15 P.M
Ι.	ULL NAME	OF (If nat in haspital	as inctitution of	Tue sheet	Md.		27-17
1	HOSPITAL OR	address ar tacatia	n)	givo stroot		tside city limits, write RU	IRAL and give tawnship)
1-)				2609 Bar	nister Road	
0		2609 Ba	anister	Road	D. STREET ADDRESS (If	rural, give location)	
					Baltimon	re, Md.	
S. 5	EX	6. RACE		NEVER MARRIED), DIVORCED (specify)		9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Manths: Doys Haurs Min.
1	Female	White		idow	Dec. 20, 1885	80	Wilding Doy's Hours Williams
		CUPATION (Give kind of wor	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stoto or foro	ign country)	12. CITIZEN OF
dan		f warking life, even if retired) ewife	Α.	t Home	Lonaconing, All	legany Co Md	WHAT COUNTRY?
13.	FATHER'S NA		A	с поше	14. MOTHER'S MAIDEN NA		
			h 1637-				
10			oh Mills		Catherin	ne Dean	
(Yo:	was Deceese s, no ar unknaw	d Ever in U. S. Armed Far (n) (If yes, givo war ar date	cos! es af service)	SECURITY NO.	17. INFORMANT		ADDRESS
	No			213-16-3741	Mrs. Marie Whit	tacre, 5104 E	lmer Ave.
	1B. //	2.11		CAUSE O	DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEA	SE OR CONDITION DI	RECTLY				ONSET AND DEATH
	(This does	LEADING TO DEATH	400000000000000000000000000000000000000	(A)	Arterioscerot	tic C.V.D.	
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. II moans the disease,						
	injury ar camplication which caused death.)						
		ANTECEDENT CAUSES		DUE TO			
		OR CONDITIONS, if he above cause (A)					
		IG CONDITION last.	Stating the	(C)			
		11					
Z	OTHER SIGN	HECANT CONDITIONS	ONTRIBUTING	Heminle	gia, right		
ATIO		DEATH BUT NOT RELA			510, 116110		
FIC	19A. DATE O	F OPERATION 198. CON		VHICH OPERATION	20 A. AUTOPSY? (Yes ar No	IN CERTIFYING CAUS	NDINGS CONSIDERED
CERTIFIC	0						
	OR CONTRIB	ENT WAS UNDERLYING DETERMINED TO THE CONTROL OF	21 B. hom	PLACE OF INJURY (o.g., in e, form, foctory, street, of	fice bldg., INJURY OCCUR?	(If in Baltimare (City, give exect lacetion)
CAL	DEATH (natil	y medical examiner	etc.)				
MEDI	21D. TIME OF INJURY	(Manth) (Day) (Year)	(Haur) 21 E.	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
\$	(APPROX)		Whi	le At Not While			
	22 corrife	v that (1) (this beside				10 to Ton	4 7044 10
							an death accurred an the dat
						at in (my) (au), apini	an death accurred an the dat
	23A. SIGNAT		ted above. (I) (We) (did) (did not) v	iew the bady after death.	7.5	
	ZSA. SIGNAT	le H. Will	1	M.D. Atte	ndino V-6 Med		23B. DATE SIGNED
	Cha	as 19. Wice	Ano		nding Med. Diroctor	Stoff Phys.	6 Jan 66
	PHYSICI NAME (Type)			23D. ADDRESS		
		Charles H	. Willia	ams, M.D. M.D.	1632 Reisterst	own Rd. Pike	sville,Md. 21208
244	BURIAL CR	(Specily)		ME of CEMETERY OF CRE			, town, ar caunty) (State)
	Burial	1/10/66	Mead	dowridge Cemet	cery Was	sh. Blvd. & D	orsey Rd. Md.
25/		D BY HEALTH DEPT.	258. NAME C		25G# FUNERAL DIRECTOR)	ADDRESS
	JAN	10 1966 (2.0.	693	a A wa	to Vernon Lem	men 4611 Par	k Heights Ave.
VS	150-REV. 1/1	The same	5-1	San	0 0 0)	
				the die	U 1 % 6	4	



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VS 150-REV. 1/1/65

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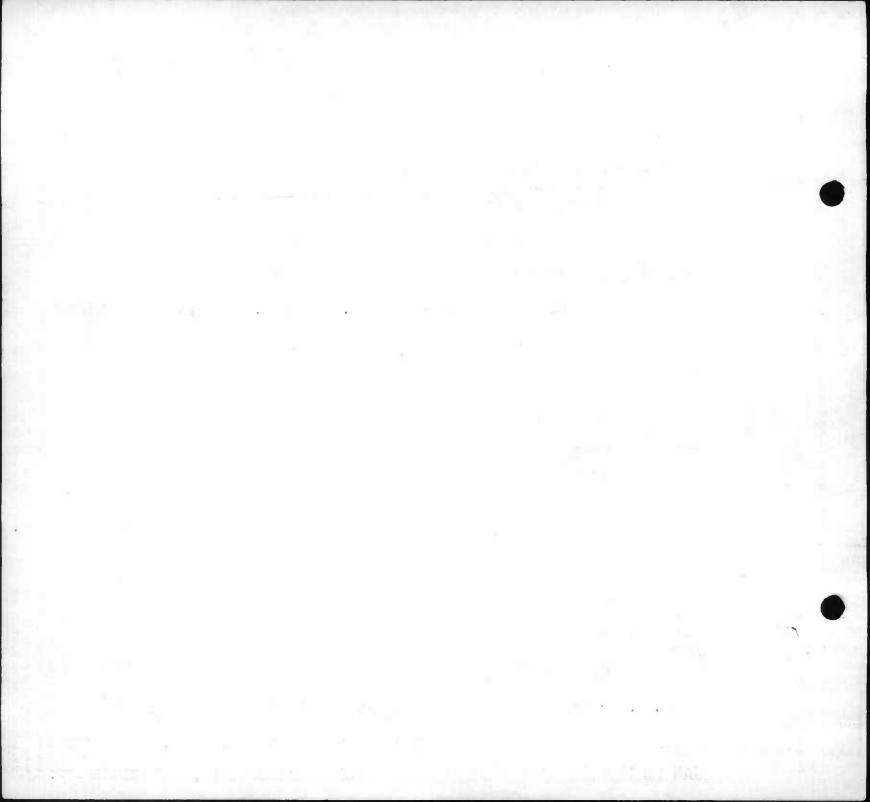
attendance

BIRT	OC 00105 BALTIMORE	CITY HEALTH DEPARTMENT	00 00405
AA I	TH NO. E CASE NO. GG 00195 CERTIFI	CATE OF DEATH Registre	ered NoSG 00195
1, N (Typ	Ray mond Barton	850	7044 1-4-66
3. 1	PLACE OF DEATH IN BALTIMORE, MARYLAND	A. STATE B. COUNTY	lived. If institution: restaurco beforo odmi
1	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddross or location) NSTITUTION	C. CHY OR TOWN of the outside city lin	nits, write RURAL and give township)
3		D. STREET ADDRESS Ill rurol, give lo	
S	outh Baltimore General Hos	P. 4/33 HUSEN B. DATE OF BIRTH 19. AGE (In	ct.
S. S	M. White Married, Never Married Widowed, Divorced (specif	B. DATE OF BIRTH 9. AGE (In lost birthdoy	
10A don	USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDI-	USTRY 11. BIRTHPLACE (Stote of foreign Country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
16	Julian Barton	17. INFORMANT	ADDRESS
(Yes	Wos Decoosed Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO.		ADDRESS
	IIB. A CAU	03 MRS RAYMOND A BARTO	INTERVAL BETWEEN
	LEADING TO DEATH	cute mystorded	Infarcle :
	(This does not meon the mode of dying, e.g., DUETI heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	ente mystordiel;	
	ANTECEDENT CAUSES	15CND	
	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the (C)		
	UNDERLYING CONDITION lost,		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
ERTIFIC	194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED		ES, WERE FINDINGS CONSIDERED FYING CAUSES OF DEATH?
AL C		(0.g., in or obout 21 C. WHERE DID (If oet, office bldg., INJURY OCCUR?	in Boltimoro City, give exact location)
1 4 3	OF INJURY While At No	D 21F. HOW DID INJURY OCCU	R?
MEDIC	Work		
MEDI	22. I certify that (4)-(this haspital) attended the deceased from	1-3 19661	0 /-4 19.5
MEDI	Work A	1-3 1966 t	(our) opinion death occurred on the
MEDI	22. I certify that (**)(this haspital) ottended the deceased from that (**)(we) lost sow the deceased alive on	4 19 6 ond that in	(our) opinian death occurred on th
MEDI	22. I certify that (this haspital) ottended the deceosed from that (this haspital) ottended the deceosed from that (this we) lost sow the deceased alive on	not) view the bady ofter deoth. Allending Med. Stoff Phys.	(our) opinion death occurred on the
MEDI	22. I certify that (#)(this haspital) ottended the deceosed from that (#)(we) lost sow the deceased alive on	not) view the bady ofter deoth. Allending Med. Stoff Phys. 23D. ADDRESS	(our) opinion death occurred on the
MEDI	22. I certify that (#)(this haspital) ottended the deceosed from that (#)(we) lost sow the deceased alive on	not) view the bady ofter deoth. Allending Med. Stoff Phys. 23D. ADDRESS M.D. South Baltimore Gener	1-4-66

HUBBARD FUNERAL

HOME

4107 WILKENS AVE.

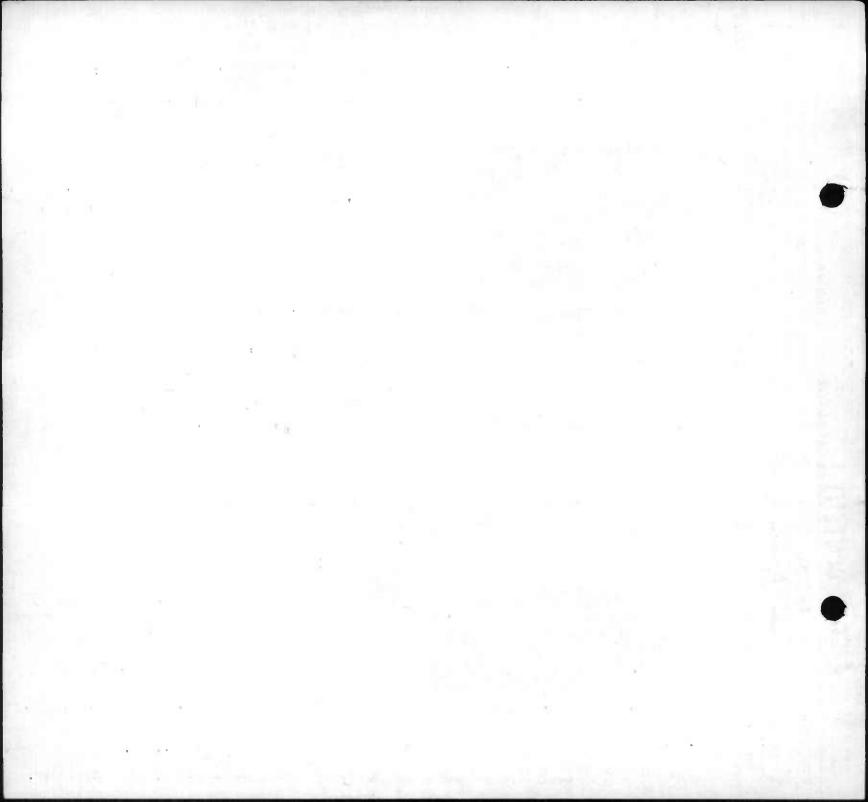


	00.00	100	BALTIMORE CITY	Y HEALTH DEPARTMENT		66 00196
BIRTH NO.	66 00	136	CERTIFICA	TE OF DEATH	Registered No	00 00136
M.E. CASE NO.	SED			2. DATE AN	D HOUR OF DEATH	н
1	AMES PREST	TON THO	MAS	1 7	66	112:25 P M.
3. PLACE OF DEAT	LIN TALLIMORE MA	MIAND	MENDEL	4. USUAL RESIDENCE (When	e deceased lived. If TY	institution: residence before admission)
FULL NAME OF	(If not in hospital	or institution,	ive street -7-66	MARYLAND		3000
HOSPITAL OR				C. CITY OR TOWN (If out		RURAL ond give township)
110	ST AGNES	HOSPI	TAL	D. STREET ADDRESS (III	LE 28	03-00
40						
5. SEX 6.	RACE	7. MARRIED.	NEVER MARRIED	8. DATE OF BIRTH 1 007	R AVE	If Under 1 Yr., If Under 24 Hrs.
MALE	WHITE	WIDO		10 29 24-	lost birthdoy) 54 58	Months Days Hours Min.
	ATION (Give kind of work rking life, even if retired)	10 B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
SALESM		BREW	ERY	MD		
13. FATHER'S NAME			·	14. MOTHER'S MAIDEN NAM		
SAMU	EL			LAURA KEEF	ER	
15. Was Deceased En	rer in U. S. Armed For	ces?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
YES	WW2			ST AGNES HO	SP RECOR	DS
18. 6 0 E	XI		CAUSE C	DE DEATH		INTERVAL BETWEEN ONSET AND DEATH
	OR CONDITION DIS	RECTLY		11		ONSET AND DEATH
	Meon the mode of	dvina. e.a	(A) (Premie		
heart foilure, os	sthenia, etc. It means ication which caused	the disease,	50110	0:10		
	ITECEDENT CAUSES		(B)	CHI-		
	CONDITIONS, if		DUE TØ	n / M		
rise to the	obove couse (A) CONDITION lost.		(c) /CL	ual lusufficion	ey	
	II			/		
	CANT CONDITIONS C					
DISEASE OR CO	ONDITION CAUSING I		WHICH OPERATION	20 A. AUTOPSY? (Yes or No	O 20R IF VES WEDE	F FINDINGS CONSIDERED
U 19A. DATE OF C	WAS PER	FORMED	THE OTERATION	NO	IN CERTIFYING C	AUSES OF DEATH?
OR CONTRIBUTE	WAS UNDERLYING CAUSE OF	21B. hom etc.)	e, form, foctory, street, o	in or about 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimo	ore City, give exact location)
	Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
S OF INJURY			le At Not Whi			
22	-A/MYAhis hospital	Wor			9.6510	1.7
	at Xthis hospital		1 7			pinian deoth occurred on the dote
				view the bady ofter death.	11 111 94090 (0017 0)	midit deorn occorred on the dote
23A. SIGNATURE		,	, (me) (ala) (Ala Mol)	view the body offer deoff.		23 B, DATE SIGNED
	- den	ul bu	Right M.D. AH	ending Med.	Stoff Phys.	1-7-66
23C. PHYSICIAN	s III .		Phy	23D. ADDRESS	rnys. 🖭	7 , 00
NAME (Typ	e) /	EREDIA				
24A. BURIAL CREMA	ATION, 24B, DATE		AME OF CEMETERY OF CR	EMATORY 24D. LC	CATION	City, town, or county) (State)
REMOVAL (Spe	ecily)					
Burial 25A. DATE REC'D B	1/11/19 Y HEALTH DEPT.	25B. NAME C		on Cemetery Ham	ih cout ATL	ADDRESS
IAN 10	1966 (7.0%)				uneral Hom	ne, Glen Burnie, Md
VS 150-REV 1/1/65	1300 0 0	D 6' 40	vuoda, This	0 7 5		

U.S. Army Discharge for James P. Thomas signed 1-11-1946 at Fort Geo. G. Meade, Md. showing he was born Oct. 29, 1907 at Hagerstown, Md. 2-7-66 M.H.

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

			BALTIMORE CIT	Y HEALTH DEPARTMENT			
BIRTH NO.	66 001	97	CERTIFICA	TE OF DEATH	Registered No.	6 00197	
M.E. CASE NO.	EASED			2. DATE	AND HOUR OF DEATH		
(Type or Print) MARGUERITE D. PUGH				January 11, 3066			
3. PLACE OF DEATH IN BALTIMORE, MARYLAND				4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)			
				A. STATE B. COUNTY			
FULL NAME OF (If not in hospital or institution, give sheet HOSPITAL OR address or location)				Maryland Baltimore C. CITY OR TOWN (If outside city limits, write RURAL and give township)			
INSTITUTION				E (02)			
Baltimore City Hospital				D. STREET ADDRESS (If juiol, give location)			
) Bal	Itimore city i	nospita	L	1622 Care	Marr Road		
5. SEX	X 6. RACE 7. MARRIED, NEVER MARE			B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs			
Female	White	WIDOWED, DIVORCED (specify) Widowed		Tan 70 7000	lost birthdoy)	Months Doys Hous Min.	
	UPATION (Give kind of work			Jan, 18 1888	reign country)	12. CITIZEN OF	
done during most of working life, even if retired)				711, 211111 271 22 (310) 21 10	neigh county.	WHAT COUNTRY?	
Housewi		Home		?		USA	
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN N	AME	A	
	? Hanra	ahan			Unknown		
5. Wos Deceosed	Ever in U. S. Armed Ford	ces?	16. SOCIAL	17. INFORMANT	OTISTIOWIT	ADDRESS	
27	(If yes, give wor or dote:	2 OL 26IAICE)	SECURITY NO.	T72			
NO 18. // 6			214 05 6723	Elmer B. Co	wger Same	INTERVAL BETWEEN	
7 2	O I / I	COTIV	CAUSE	or beam		ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH				onary Ocalusi	on 2	2	
(This does not meon the mode of dying, e.g., DUE TO							
heart failure, astherno, etc. It means the disease, injury or complication which caused death,) Arteriosclerotic Cardio-							
ANTECEDENT CAUSES (B) vascular Diseas DUE TO gestive failu					e with Con-	25 Years?	
			DUE TO S	estive failu	e.		
DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the				onic Eczema,	severe.	All life	
	G CONDITION lost.		000000000000000000000000000000000000000	***************************************	6 4 4 4 5 5 7 7 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		
	The III						
OTHER SIGN	FICANT CONDITIONS C	ONTRIBUTING	G				
DISEASE OR	CONDITION CAUSING I	Т.					
198. CONDITION FOR WHICH OPERATION WAS PERFORMED				20 A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
U 21 A. ACCIDE	NT WAS UNDERLYING	21 B	PLACE OF INJURY (e.g.,	in or about 21C. WHERE DID	(If in Boltimo	re City, give exact location)	
DEATH (notify	medical examiner	etc.		omee biog., Majori Occor:			
21D. TIME (Month) (Doy) (Yeo) (Hour) 21E. INJURY OCCURED 21F. HOW DID INJURY OCCUR?							
OF INJURY		Wh	While At Not While				
	Work At Work						
22. 1 certify	that (1) (this hospital) attended t	he deceased from J		_19_5110_Dec		
that (I) (we)	lost saw the decease	d olive on	Dec. 31	19.65 ond	that in (my) (out) ap	inion death occurred on the date	
ond hauf on	from the causes staff	ed above. (I	(did bot)	view the body after death			
23A STONATU		/	1 1/1			23B. DATE SIGNED	
41	any 10	2/1	M.D. AI	tending Med. Director	Stoff Phys.	Jan. 6, 1966	
25C. PHYSICIA		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11000	23D. ADDRESS	rnys.	0 411. 0, 1700	
NAME (T	уре			1.7.7	,		
244 PHRIST	// HARRY B.			:-) Las	stern Ave.,		
REMOVAL	MATION, 24B. DATE Specify)	24C. N	AME of CEMETERY of CE	REMATORT 24D.	LOCATION (C	city, town, or county) (Stote)	
Burial	1/7/66	25B. NAME	dlawn Cemeter	1 125C. FUNERAL DIRECT	Baltimore Co	ADDRESS	
1081 1		4.90	A 1. 1 1 -	preles /	Melyngur		
VS 150-REV. 1/1/	0 1966	1	Staped -	Bruzdzinski	Numeral Home	1407 Eastern Ave.	



FUNERAL DIRECTOR: IMPORTANT

death Deceased Such LO hospital eath. of ance (2) COUSA O attend cause; 0 prior contributing etermined made regular deceased disposition death Was the <u>4</u> eath 0 or final attendance any pronounced med of fracture embal regular who are physician the remains chief medical dica physician before (2) the where the hospital ŝ nature; obtained 9 approved (except and any of death) hospital must accident approval ō certificate prior to eceased 0.0 the body shows: SDM T

BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUL OF DEATH (Type or Print) 4. USUAL RESIDENCE (Where secensed lived, If institution; resi 3. PLACE OF B. COUNTY (If not in pospital institution, give street FULL NAME OF HOSPITAL OR oddres D. STREET MARNED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours Min. last birthday) Hours WIDOWED, of foreign BUSINESS OR INDUSTRY 10A. USUAL OCCUPATION (Give kind of work 10B. KIND BIRTAPLA CE State 12. CITIZEN OF working life, even if retired) 14. MOTHER'S 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMAN (Yes, no ar unknown) (If yes, give war or dates of service) SECURITY NO. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which coused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, la the abave cause (A) stoling the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING RIFICATIO TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION WAS FERFORMED 19A. DATE/OF OPERATION 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21B. PLACE OF INJURY (e.g. in or about 21C. WHERE DID home, form, factory street office bldg., INJURY OCCUR? U 21 A. ACCIDENT WAS UNDERLYING (If in Baltimare City, give exact location) OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examiner) etc.) (Month) (Day) (Year) (Haur) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) Wark At Work 22. I certify that (I) (this haspital) attended the deceased from that (I) (we) last sow the deceased alive on ond that in (my) (aur) opinion death occurred on the date and hour and fram the couses stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23B, DATE SIGNED Attending Phys. M.D. Med. Director 23C. PHYSICIAMS 23D. ADDRESS M.D 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. (City, town, or county) REMOVAL (Specify) VS 150-REV, 1/1/65

Elward Ramson Harthan -

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	00.00100	BALTIMORE CITY H	EALTH DEPARTMENT				
	th No. 66 00199	CERTIFICAT	E OF DEATH	Registered No	66 00199		
1.1	E. CASE NO.		2. DATE AP	ND HOUR OF DEATH	. 0 16		
	pe or Print) PEACHER P	k KOBE		1-4-1	661 11 A N		
M	PLACE OF DEATH IN BALTIMORE MARYLAND		L USUAL RESIDENCE (Whe	re deceased lived, If inst	itution: residence before admission)		
	FULL NAME OF (If not in hospital or institution, give st HOSPITAL OR oddress or location)	reet - //	MARYLA	ND	37-18		
1	HOSPITAL OR oddress or location)	2-7-66	C. CITY OR TOWN (If ou	tside city limits, write RU	RAL and give township)		
			D. STREET ADDRESS (IF	rurol, give location)			
	MONTEBELLO STATE	HOSPITAL	3633	W. BEL	VEDERE AVE		
5. :	SEX 6. RACE 7. MARRIED, NEVE WIDOWED, DIV		DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours Min.		
63	USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUST)	NESS OR INDUSTRY II	BIRTHPLACE (State or fore	70	In Citizen Or		
	the during most of working life, even if retired)	NESS OR INDUSTRI	. BIRTHPLACE (Store of fore	ign courry)	12. CITIZEN OF WHAT COUNTRY?		
_	RETIRED ROOTS	58	MARYLAI	V.D	4. S. A		
5.	FATHER'S NAME	14	. MOTHER'S MANDEN NA				
	ALBERT PEACHER		MARINZ	PA POWELL			
5. ľe	s, no or unknown) (If yes, give wor or dates of service)	ECURITY NO.	. INFORMANT		ADDRESS		
1	NO	8-03-3618	Mus . J.	SORDSINSKI.	SAME		
	18. 177 X I	CAUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	0100	2122 d = 7 D	2. STITE C/ A	ADO ADOM		
	(This does not mean the made of dying, e.g.,	DUE TO	E METAS	KOSIAIE GLA	AUS MISOUT 3		
	heart failure, asthenio, etc. It means the disease, injury or complication which coused death.)		C METAS	TASIS	YEARS		
	ANTECEDENT CAUSES	(B)					
	DISEASES OR CONDITIONS, if ony, giving	DUE TO					
	rise to the obove couse (A) stating the UNDERLYING CONDITION lost.	(C)		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ 			
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
ATIO	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
TIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH	OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?		
CERT	21A. ACCIDENT WAS UNDERLYING 21B. PLAC	E OF INITION Is a in a	or obout 21 Q. WHERE DID	No	31		
AL	OR CONTRIBUTING CAUSE OF home, form		e bldg., INJURY OCCUR?	(If in passimore	City, give exoct locotion)		
O							
MEDI	OF INJURY	RY OCCURRED Not While	21 F. HOW DID IN	IURY OCCUR?			
_	IAPPROX.)	At Work	4 - 9	10			
	22. I certify that (I) (this hospital) attended the deceased from $4-20-1965$ to $1-4-1966$						
	that (1) (We) ost saw the deceased alive on	-4-	19 6 6 ond th	nat in (my) (our) golni	on deoth occurred on the dot		
	and hour and from the couses stated above. (1) (We	(did) (did not) vie	w the body ofter death.				
	23A. SIGNATURE				38. DATE SIGNED		
	Sin U. Parl	M.D. Attendi	ing Med. Director	Stoff Phys.	1-4-1961		
	23C. PHYSICIAN'S NAME IType)	231	D. ADDRESS				
	ZIN U. PA	RK M.D.	MONTEBE	ELLA ST	ATE HASDITA		
4/		CEMETERY OF CREM		OCATION ICity	town, or county) (Stote)		
1	Direct Of Charles	Invas. no	· 1 BE (1)	0	Dad.		
257	A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REC	BUQN Memo	25C FUNERAL DIRECTO	PARNIE	ADDRESS		
	1001 4 0 4000 0 0 10 0 70 0		0.11	sour Fills	11/20		

in Pt. Clar Byrnie 25C: FUNERAL DIRECTOR BOUT PURIS C: State No FUNERAL Home

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Undetermined cause; (5) Deceased

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BALTIMORE CITY HEALTH DEPARTMENT Registered Na.66 CERTIFICATE OF DEATH BIRTH NO. LNAME OF DECEASED M.E. CASE NO. 2. DATE AND HOUR OF DEATH 6. RESIDENCE (Where deceased lived, If institution; residence before B. COUNTY FULL NAME OF (If not in hospital or institution, give street oddress or location) (If outside city limits, write RURAL INSTITUTION rurat, give location made MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) 5. SEX 6. RACE 9. AGE (In years If Under 1 Yr. Months: Doys 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRT final disposition done during mast of working life, even if retired) TAILORING 13. FATHER'S NAME DA HRISTOPHER 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yet give wor or dates of service) 6. SOCIAL 17. INFORMANT SECURITY NO. CAUSE OF DEATH 0 DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not meon the mode of dying, heart foilure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DUE TO Gre DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the the remains UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 198 CONDITION FOR WHICH OPERATION WAS PERFORMED 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Baltimore City, give exact location) DEATH (notify medical examiner) etc.) MEDIC/ obtained (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX) Work At Work 22. I certify that (that hospital) attended the deceased fram that (1) (last saw the deceased alive an and that in (my) (our) apinian death accurred an the date and have and from the causes stated store. (1) (Me) (Mid) (aid not) view the bady after death. must 23A. SIGNATURE 23B DATE SIGNED Attending Med. Stoff M.D. approval Director 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) M.D. 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) 1-10-66 AK LAWN 258 NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. FUNERAL DIRECTOR

If Under 24 Hrs.

Hours

INTERVAL BETWEEN

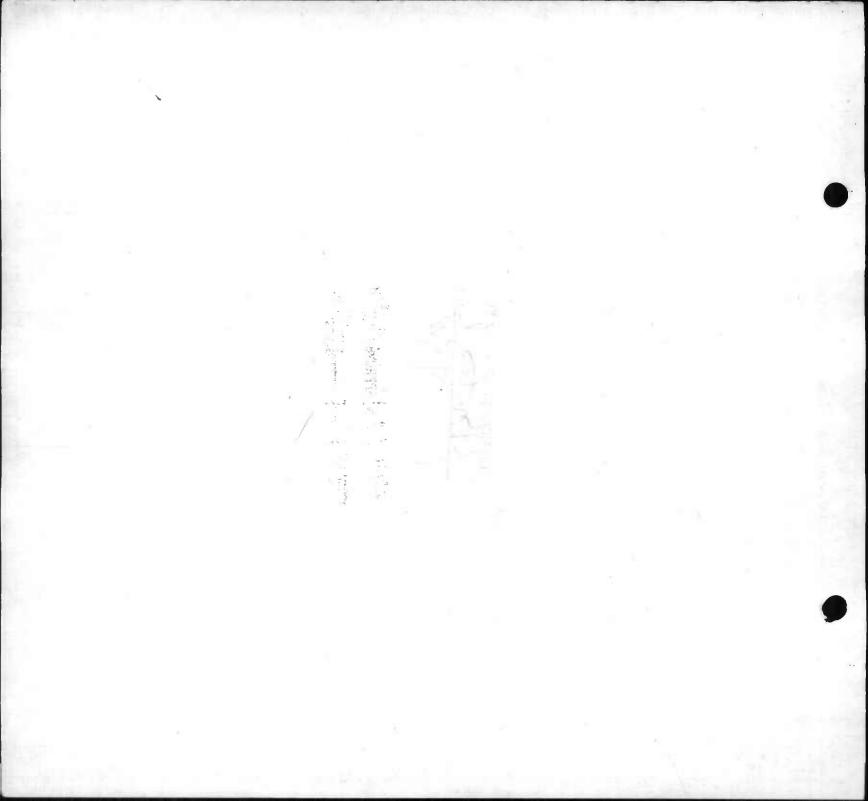
ONSET AND DEATH

ADDRESS

12. CITIZEN OF

WHAT COUNTRY?

Michigal Central Hospital 2 B ... T. B 7 7 5 W O1 6-1 Mary Land George Carbook He appeted the and Engrymin of Call Hall Distant Present 115 Co Congrammed Li Driebentruth



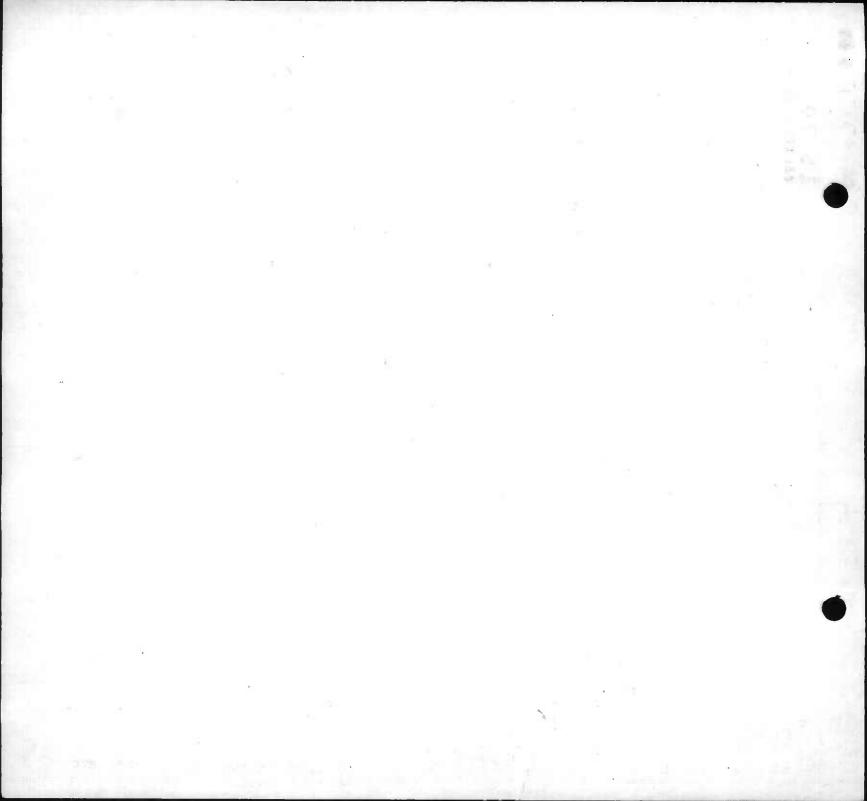
Adolphus

IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



IMPORTANT

FUNERAL DIRECTOR:

the body was released to the hospital

shows: (1) An accident

to death)

deceased prior

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Was

his certificate must be approved by

nature;

	100		00 0000		HEALIH DEPAKIMENI		
	NO. CASE NO.		66 0020	3 CERTIFICA	TE OF DEATH	Registered No.	6 00203
1. NA	ME OF DECE	ASED			2. DATE AND	HOUR OF DEATH	
(Туре	OFFEN S	SON	KATI	4 ERINE	Com	. 5 /	966 7:15 PM
3. PL	ACE OF DEAT	TH IN BALT	IMORE, MARYLAND		4. USUAL RESIDENCE (Where	deceased lived. If in:	stitution: residence before admission
/ FL	ILL NAME OF	(If not	in hospital or institut	ion, give street	MO	18	-02
	SPITAL OR	oddres	s or location)		A		URAL ond give township)
4	nu				BALTIMOR		
4	PANKLI	N 50	UARE A	6SPITAL		rol, give location)	
					27 N C4.	REY	
S. SE	X	6. RACE	7. MARI	RIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BIRTH 9.	AGE (In years	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
	F	C		W	1908	57	
	JSUAL OCCU			O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
90119	Domesti		an ii tamaa,		Talbart Co Me	a	USA
13. F	ATHERS NAM	E			14. MOTHER'S MAIDEN NAM	44	UBA
	Willia	mRisho	מו		Ollie Bishop		
15. W	as Deceased	Ever in U. S	Armed Forces? wor or dotes of serv	16. SOCIAL	17. INFORMANT		ADDRESS
No		tit yes, give	wor or doles of selv	SECURITY NO.	Mrs Clara L	ewis 1230	Amount of Amount
13	8. 33/	11		CALLSE	F DEATH	EWIS IZJU	Argyle Ave
	l This does no heart failure, c	LEADING 1 of mean the asthenio, et	DITION DIRECTLY TO DEATH e made of dying, c. It meons the dise tich caused death,)		premoner	acceden	ONSET AND DEATH
	A	NTECEDEN	IT CAUSES	(B)			
	DISEASES OF	R CONDIT	IONS, if any, gi		Cantait		
	ise to the UNDERLYING		ause (A) stating ON lost.	the (C)	ar-wowev.	8848	
		- 11					
ATION	OTHER SIGNIF TO THE DE DISEASE OR C	ATH BUT	NDITIONS CONTRIBL NOT RELATED TO CAUSING IT.	THE			
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED			20A. AUTOPSY? (Yes or No)	208. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?	
<	PA. ACCIDEN OR CONTRIBUT DEATH (notify	TING CA	USE OF	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or about 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
		(Month) (D	Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
ME	APPROX.)			While At Not Whi	le 🗌		
2	2. Leertify t	that (I) (thi	is hospital) attend	ed the deceased from	My. 4 19	9 66 to Ju	4. 5 1966
1	hot (1) (we)	last sow th	ne deceased alive	an Jan 5/1966 17	: 15/1/19 and the	t in(my) (our) opir	nion deoth occurred on the do
			ouses stated obov	e. (I) (We) (did) (did not)	view the body ofter deoth.		
2	3A. SIGNATUR	E /	00	2			23B, DATE SIGNED
	110	10/1	ha /	M.D. AH	ending Med.	Stoff	1 - 10

24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)
Burial 1/11

NILFREDO

23C. PHYSICIAN'S NAME (Type)

1/11/66

Mr Calvary Cemetry

M.D.

SOUTHE LOCATION

Halstead

1206

HOSPITAL (City, town, or county)

258. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT.

County A A 25C. FUNERAL DIRECTOR

Adolphus

23D. ADDRESS

ADDRESS W North Aue

VS 150-REV. 1/1/65



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

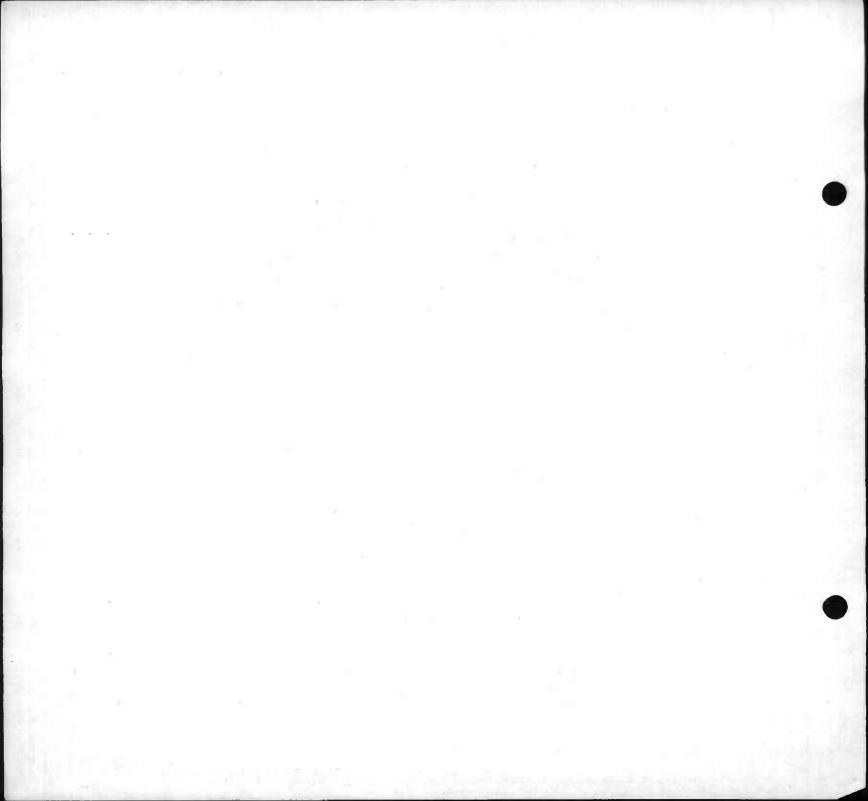
	BALTIMORE CI	TY HEALTH DEPARTMENT		
BIRTH NO. 66 01	0204 CERTIFIC	ATE OF DEATH	Registered No.	
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	166 00204
Type or Print) Raymond J	ohnson			
PLACE OF DEATH IN BALTIMORE, MA	KILAND	4. USUAL RESIDENCE (When	e deceased lived. II	institution; residence before odmission)
			IY	1/-1
FULL NAME OF (If not in hospital HOSPITAL OR address or lacotion INSTITUTION	or institution, give street on)	C. CITY OR TOWN (II out	side city limits, write	RURAL and give township)
Providen	t Hospital	Baltimore		
37 1514 Div	ision Street	D. STREET ADDRESS (If	rural, give lacation)	
	e. Maryland	1011 Lanvale	Street	
Male Ne ro	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily) Unknown	6-17-24	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
OA, USUAL OCCUPATION (Give kind of war			1 800	12. CITIZEN OF
one during most of working life, even if retired)				WHAT COUNTRY?
Unemployed		North Carolina		U.S.A.
B. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ME	
Pandolph Johnson		F		
Randolph Johnson Was Deceased Ever in U. S. Armed Fa es,na arunknawn) (III yes, give war ar dat	rces? 16. SOCIAL	17. INFORMANT		ADDRESS
es,na arunknawn) (II yes, give war ar dat			1601	Pennsylvania Aven
	239-22-739		1001	
18. 581.0	CAUSE	OF DEATH		ONSET AND DEATH
DISEASE OR CONDITION DI		1/2 +	0	
This does not mean the made of	(A)	Module	Coma	
heart foilure, asthenia, etc. It means	the disease,		1.	
injuty at complication which coused	d deoth.)	liver cerr	bases	
ANTECEDENT CAUSES	S (B) DUE TO	2000		
DISEASES OR CONDITIONS, if	ony, giving	•		
uise to the above couse (A)	stoling the (C)		••••••	
GRUERLING CONDITION 1851.				
OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING			
TO THE DEATH BUT NOT REL.		4		
OTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CON WAS PER DIAL ACCIDENT WAS UNDERLYING	NOTION FOR WHICH OPERATION REPORMED	20 A. AUTOPSY? (Yes or No	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g	in at about 21 C. WHERE DID	(If in Baltima	are City, give exact lacotion)
OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)	home, farm, loctory, street,	alfice bldg., INJURY OCCUR?		
21D. TIME (Month) (Day) (Year) OF INJURY		21F. HOW DID INJ	UKT OCCUR?	
(APPROX.)	While At Wark At Wa	nite 🗀		
22. I certify that (I) (this hospita	attended the deceased from T	anuary 4.	19 66 to Jan	uary 5, 1966
that (I) (we) lost sow the deceas				•
			or in (my) (our) of	pinion death occurred on the dat
and hour and from the couses sta	oted obove. (i) (We) (did) (did not) view the body ofter deoth.		
23A. SIGNATURE				23 B. DATE SIGNED
C- 100	endort M.D.	Attending Med. Director	Staff Phys.	January 5, 1966
23C. PHYSICIAN'S	7	23D. ADDRESS	al 36	1 - 411441
NAME (Type)	Thoodone M.	1514 Division	Stroat	
Dr. Roger	Theodore. M.			City, tawn, ar county) (State)
REMOVAL (Specily)		100	CCATION	City, town, or county) (3fote)
Burial 1/11/6	66 Mt Calvary C	emetry A	A County	Md
SA. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
JAN 1 0 1966 (0.	8 9 Fallunt a	Adolphus Hal	stead 1206	W north A'e
/S 150-REV. 1/1/6S		0 % 0	, 	



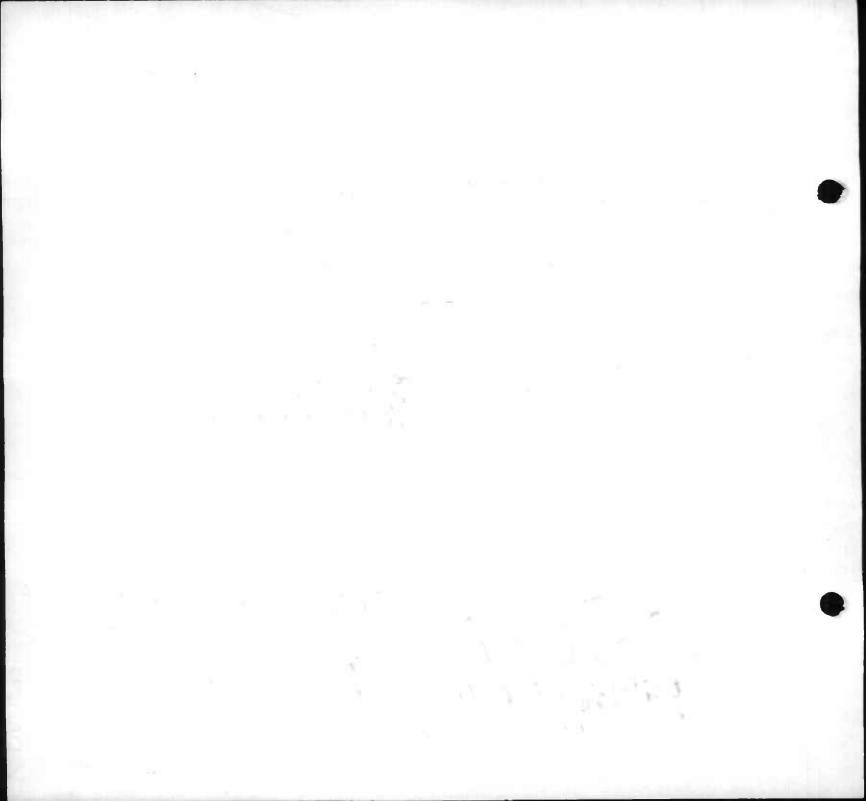
BALTIMORE	CITY	HEALTH	DEPARTM	ENT
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	6.6	- 1 11	1901
Registered	No.	CH	160

BIRTH NO.	66 002	05	CERTIFIC	ATE C	F DEATH	Registered No	OULL	10
M.E. CASE NO.					2. DATE	AND HOUR OF DEAT	н	
(Type or Print)	Rosa Woo	ndfolk	(Woodfork)		Janua	mr 1 1066		9.70-
PLACE OF DEA	Rosa Woo	RYLAND	(woodfork)	4. USU	AL RESIDENCE (WI	ary 4. 1965	institution: residen	8:30a
				A. STAT			11)-	C1-
FULL NAME O	F (If not in hospital address ar lacation		give street	C CITY	Mary]	and outside city limits, write	- BUBAL	00
INSTITUTION	Provident	Hoeni	t-al	C. CIII			e KUKAL and give	rownsnip)
101	1514 Divi			D. STRE	Balti ET ADDRESS (MOTE f rural, give lacation)		
51			land 21217	10. 31.45				
SEX	6. RACE		, NEVER MARRIED	D DATE	OF BIRTH	Shields Pl		
		WIDOWE	D, DIVORCED (specify)			lost birthday)	Manths Days	Hours Min.
Female	Negro	Widow	red	April	1, 1904	61		1 1
	JPATION (Give kind of work working life, even if retired)	IOB, KIND O	F BUSINESS OR INDUSTI	RY 11. BIRTI	HPLACE (State or fo	reign country)	12. CITIZEN C	OUNTRY?
			none		Virginia			S.A.
FATHER'S NAM	ΛE	1		14. MO1	HER'S MAIDEN N.			
W D	unknown	3	11 (1.		nown		
, was Deceased es,na or unknawn)	Ever in U. S. Armed Far (II yes, give war or date	ces: s of service)	SECURITY NO.	17. INFO	RMANT		ADD	DRESS
				Bern	ard Summe	ers-son	sam	е
18. 3 3	/ / /		CAUSE	OF DEATH	1			EVAL BETWEEN
DISEAS	E OR CONDITION DIR	E C T L V		_				T AND DEATH
	FICANT CONDITIONS C	ONTRIBUTIN				<u> </u>		
TO THE DE	EATH BUT NOT RELA	TED TO TH	HE .					
	OPERATION 198. CON	DITION FOR	WHICH OPERATION	[20 A.	AUTOPSY? (Yes or h	la) 208. IF YES, WER	E FINDINGS CON	SIDERED
19A. DATE OF	WAS PERI	ORMED			no	IN CERTIFYING C	AUSES OF DEATH	H?
OR CONTRIBU	TING CAUSE OF	21E hon etc.	PLACE OF INJURY (e.g., ne, farm, factory, street,	, in ar about office bldg.,	21C, WHERE DID	(If in Boltime	ore City, give exo	ct location)
210. TIME	(Manth) (Doy) (Year)	(Hour) 21 E	. INJURY OCCURRED		21F. HOW DID IN	JURY OCCUR?		
(APPROX.)			nile AI Not WI					
		Wo	1919	0				
22. I certify	that (1) (this hospital) attended t	he deceased from US	nuary	3,	19 66 to Ja	nuary 4,	19 66
that (I) (we)	last saw the decease	d alive on	January 4,	19	66 and t	hat in (my) (aur) a	pinian death ac	curred on the de
1	from the causes 191							
23A. SIGNATUI		1	// () (did ildi)	VIOW IIIO	body offer death	•	23 B. DATE SIG	NED
	OS BATTO	0	M.D. A	ttending 🦳	Med.	Stoff -		
	X NILLE	0001	Y PI	ttending X	Med. Director	Staff Phy s.	Januar	y 4, 1966
PHYSICIAI NAME (Ty	/pe)	heodor	е м.с	230. ADD		St. Baltim	ore 17, 1	Maryland
A. BURIAL CREA	MATION, 24B. DATE	24C.N	AME of CEMETERY OF C	REMATORY	24D.	LOCATION	City, tawn, or cau	nly) (State)
Buria	- 1 . 2 4	6 Mt	Auburn Cem	et wr		Baltimore M	d	
	BY HEALTH DEPT.		OF REGISTRAR	-	FUNERAL DIRECTO			DDBCCC
THE REC D	or memerin Deriv	230. ITAIVIE	OI REGISTRAR				6 W Norta	AVE
JAN 10	1956 1 0. 1	- Q . G	C. C. R.H. C.	Ad	olphus Ha	1stead 120	O M MOLD	
S 150-REV. 171/8	5			0	1 3			



00 0000	BALTIMORE CITY	Y HEALTH DEPARTMENT	20,000
BIRTH NO. 66 0020	CERTIFICA	TE OF DEATH Registe	ored No.6 00206
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AND HOUR O	FDEATH
(Type at Print) HORACI	S LOWERY	JANHARY	2. 19.66
3. PLACE OF DEATH IN BALTIMORE, MARYL		4. USUAL RESIDENCE (Where deceased A. STATE B. CDUNTY	lived. If institution: residence before admiss
FULL NAME DF (If not in hospital or	nstitution, give street	Md	16-04
HDSPITAL DR address or lacation) INSTITUTION			its, write RURAL and give lownship)
		Baltimore	
817 N Monroe St		D. STREET ADDRESS (If ruro), give lo	cation)
70		OI SOME	
5. SEX 6. RACE 7.	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In last birthday)	
F C	W	4/13/75	
IDA, USUAL OCCUPATION (Give kind of work 10 dane during most of working life, even if retired)	B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fareign country)	12. CITIZEN OF WHAT COUNTRY?
?		Talbart Co Md	TT TE A
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	UAA
Charles H Lowery		Tandan II.	
15. Was Deceased Ever in U. S. Armed Farces	? 16. SOCIAL	Louise Hopkins	ADDRESS
(Yes, no ar unknown) (If yes, give war ar dates o	f service) SECURITY NO.		Division St
	220-07-5826		
18. 592XI		OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECT	TLY	1108m, 0	216.
(This does not mean the mode of dy	ing, e.g., DUE TD	00001190	24100
hearl failure, asthenia, etc. II means the injury or complication which coused de		h. It of	0
ANTECEDENT CAUSES	(B)	4. Sujonija	5 grs
DISEASES OR CONDITIONS, if ony	DUE TO-		1 1
rise to the obove couse (A) st		rance / dell 6	r / gc
UNDERLYING CONDITION lost.			
, II			
DTHER SIGNIFICANT CONDITIONS CON			2
DISEASE DR CONDITION CAUSING IT.	TON FOR WHICH OPERATION	20A. AUTOPSY? (Yes at Nail 20R. IF YE	S. WERE FINDINGS CONSIDERED
WAS PERFOR		20A. AUTOPSY? (Yes at No. 20B. IF YE IN CERTIF	YING CAUSES OF DEATH?
U 21A. ACCIDENT WAS LINDERLYING	21B. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID (If i	n Baltimore City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	hame, farm, factory, street, c	office bldg., INJURY OCCUR?	
O 21D TIME (Month) (Day) (Year)	Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCU	97
OF INJURY	While At 🖂 Nat Whi	le 🗂	
(APPRDX.)	Wark At Wark		000
22. I certify that (I) (this haspital) a	itended the deceased from	Sept / 196210	//
that (1) (west test sow the deceased	plive on ACM	1966 and that in (my)	(out) opinian death occurred on the
and hour and from the couses stoted	aboye. (I) (Ne) (did) (did not)		. /
234 SIGNATURE	104		238. DATE SIGNED
I (X)(VXXXOIA X	M.D. Att	Med. Staff Phys.	1.3.66
23C. PHYSICIANS	Y 7) 11-	23D. ADDRESS	
NEWE TADA	TOK M.D.	1 446 MI- +. 26	LYD A.
24A BURNAL CREATATION 1279 DAYS		7117 7	
REMOVAL (Specify)	24C. NAME of CEMETERY OF CR		(City, town, ar caunty) (Sta
Burial 1/6/66	Mt Calvary Cem		unty Md
25A. DATE REC'D BY HEALTH DEPT. 25	B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
JAN 10 1966 00 0 0	70000	Adolphus Halstead	1206 W North Ave
VS 150-REV. 1/1/65	, Consessimal		



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er.	Oto	orc	; and (6) No physician was in regular attendance on the deceased prior to death. Such	pq
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the 🕜	deceased prior to death);	written approval must be obtained before the remains are embalmed or final disposition is made.
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BALTIMORE CITY HEALTH DEPARTMENT

Registered	No.	131	120"
	1 2 1 2	7.7	

	SMITH, Verno	n Earl	January 7, 1966	6:40 a
. TACE OF DE	ATH IN BALTIMORE, MA		4. USUAL RESIDENCE (Where deceased lived. If insti	
1			A. STATE B. COUNTY	4-12
FULL NAME (OF (If not in hospital address or location	or institution, give street n)	C. CITY OR TOWN (If outside city limits, write RU	RAL and give township)
eterans	Administrati	on Hospital	Baltimore	with one give township;
	h Raven Boule		D. STREET ADDRESS (If rurol, give location)	
altimor	e, Maryland	21218	532 Wilson Street	
sex lale	6. RACE Negro	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years lost birthday) 36	If Under 1 Yr. If Under 24 Hr Months Days Hours Min.
	UPATION (Give kind of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Wire Dr		Industrial	Avalon, Virginia	U.S.A.
FATHER'S NA		1	14. MOTHER'S MAIDEN NAME	0,000
Islan's	mith I:	siah Smith	Maggie Bee (Bee)	
Was Deceased s, no or unknow	d Ever in U. S. Armed For n) (If yes, give war ar date	security NO.	VA Hospital Records	ADDRESS
Yes	3/21/51 - 4/	1/53 231 30 5362	3900 Loch Raven Blvd. Bal	to. Md. 21218
1B. 16.)		F DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION DI			
/This Jane	LEADING TO DEATH	(A) Bro	nchogenic Ca with widespread	6 months
heart failure,	nol mean the mode of , osthenio, etc. it means mplicotion which caused	ine disease,	etastasis	
	ANTECEDENT CAUSES	(B)		
	OR CONDITIONS, if	any, giving		
	G CONDITION last.	slating the (C)	***************************************	
	11			
	IIFICANT CONDITIONS (CONTRIBUTING		
OTHER SIGN TO THE D DISEASE OR	CONDITION CAUSING			
DISEASE OR	CONDITION CAUSING	IT. IDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS CONSIDERED LES OF DEATH?
TO THE DISEASE OR 19A. DATE OF 21A. ACCIDE OR CONTRIB	CONDITION CAUSING F OPERATION 198. CON	IT. IDITION FOR WHICH OPERATION FORMED	n or about 21 C. WHERE DID (If in Baltimore (ADINGS CONSIDERED LES OF DEATH? City, give exact locotion)
TO THE D DISEASE OR 19A. DATE OF 21A. ACCIDE OR CONTRIB DEATH (notify	DEATH BUT NOT RELACTION CAUSING F OPERATION 19B. CON WAS PER ENT WAS UNDERLYING UTING CAUSE OF	IT. IDITION FOR WHICH OPERATION FORMED 218. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or about 21 C. WHERE DID (If in Baltimore (
TO THE D DISEASE OR 19A. DATE OF 21A. ACCIDE OR CONTRIB DEATH (notify 21D. TIME OF INJURY	DEATH BUT NOT RELACED TO THE PROPERTIES OF THE PROPERTY OF THE PROPERTIES OF THE PROPERTY OF THE PROPERTIES OF THE PROPERTY OF THE PROPERTIES OF THE PROPERTY OF THE PROPERTIES OF THE PROPERTY OF THE PROPERTIES	17. (IDITION FOR WHICH OPERATION FORMED 218. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.) (Hour) 218. PLACE OF INJURY (e.g., i home, form, foctory, street, o while At Not While At	n or about 21 C. WHERE DID (If in Boltimore () INJURY OCCUR?	
TO THE D DISEASE OR 19A. DATE OF 21A. ACCIDE OR CONTRIB DEATH (notify 21D. TIME OF INJURY (APPROX.)	DEATH BUT NOT RELACTION CAUSING FOPERATION 198. CON WAS PER ENT WAS UNDERLYING UTING CAUSE OF y medical examiner) (Month) (Day) (Yest)	17.	Tes n or about 21 C. WHERE DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	City, give exact lacotion)
TO THE D DISEASE OR 19A. DATE OF 21A. ACCIDE OR CONTRIB DEATH (notify 21D. TIME OF INJURY (APPROX.)	DEATH BUT NOT RELACTION CAUSING FOPERATION 198. CON WAS PER ENT WAS UNDERLYING UTING CAUSE OF y medical examiner) (Month) (Day) (Year) / that (//this hospite)	IT. IDITION FOR WHICH OPERATION FORMED 218. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.) (Hour) 21E. INJURY OCCURRED While At Not While At Wark Torrended the deceased from	Yes n or about 21C. WHERE DID (If in Baltimore of INJURY OCCUR?) 21F. HOW DID INJURY OCCUR? cember 23rd 19 65 Janua	city, give exact locotion)
TO THE D DISEASE OR 19A. DATE OF 21A. ACCIDE OR CONTRIB DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify	DEATH BUT NOT RELACED TO THE PROPERTY OF THE P	218. PLACE OF INJURY (e.g., i home, farm, foctory, street, o etc.) (Hour) 21E. INJURY OCCURRED While At Not While At Work At Work Otherhood the deceased from Deceased from Deceased Decease	Yes n or about 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? cember 23rd 19 65 Januar 19 66 ond that in (m) (aur) opini	city, give exact location)
TO THE D DISEASE OR 19A. DATE OF 21A. ACCIDE OR CONTRIB DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that () (we and hour an	DEATH BUT NOT RELACED CONDITION CAUSING FOPERATION 198. CON WAS PER ENT WAS UNDERLYING UTING CAUSE OF y medical examiner) (Month) (Day) (Year) (that ()/(this hospital) last con the couses staged to the couse staged	IT. IDITION FOR WHICH OPERATION FORMED 218. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.) (Hour) 21E. INJURY OCCURRED While At Not While At Wark Torrended the deceased from	Yes n or about 21C. WHERE DID (If in Baltimore (INJURY OCCUR?) 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 66 ond that in (M) (aur) opiniview the body ofter death.	ry 7th 19 66
TO THE D DISEASE OR 19A. DATE OF 21A. ACCIDE OR CONTRIB DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that () (we	DEATH BUT NOT RELACED CONDITION CAUSING FOPERATION 198. CON WAS PER ENT WAS UNDERLYING UTING CAUSE OF y medical examiner) (Month) (Day) (Year) (that ()/(this hospital) last con the couses staged to the couse staged	218. PLACE OF INJURY (e.g., i home, form. foctory, street, o etc.) OTTON FOR WHICH OPERATION 218. PLACE OF INJURY (e.g., i home, form. foctory, street, o etc.) OTTON CONTROL Not While At Work Not While At Work Not W	Yes n or about 21C. WHERE DID (If in Baltimore (INJURY OCCUR?) 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 66 ond that in (M) (aur) opiniview the body ofter death.	ry 7th 19 66 on death accurred on the death
10 THE D DISEASE OR 19A. DATE OF 21A. ACCIDE OR CONTRIB DEATH (notify 21D. TIME OF INJURY (APPROX.) 22, I certify that () (we and hour an	DEATH BUT NOT RELACED CONDITION CAUSING FOPERATION 198. CON WAS PER ENT WAS UNDERLYING UTING CAUSE OF y medical examiner) (Month) (Day) (Year) (that ()/(this hospital) last con the couses staged to the couse staged	218. PLACE OF INJURY (e.g., i home, form. foctory, street, o etc.) OTTON FOR WHICH OPERATION 218. PLACE OF INJURY (e.g., i home, form. foctory, street, o etc.) OTTON CONTROL Not While At Work Not While At Work Not W	riew the body ofter deoth. Yes Or about 21C. WHERE DID (If in Boltimore of Injury Occur?) 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 66 ond that in (m) (aur) opinions where the body ofter deoth.	ry 7th 19 66
DISEASE OR 19A. DATE OF 21A. ACCIDE OR CONTRIB DEATH (notify 21D. TIME OF INJURY (APPROX.) 22, I certify that (we and hour an	DEATH BUT NOT RELACION CAUSING FOPERATION 198. CON WAS PER ENT WAS UNDERLYING UTING CAUSE OF y medical examiner) (Month) (Day) (Year) (that () (this hospite) last sew the deceose and from the couses sta	218. PLACE OF INJURY (e.g., i home, form. foctory, street, o etc.) Chart 218. PLACE OF INJURY (e.g., i home, form. foctory, street, o etc.) Chart 218. INJURY OCCURRED While At Not While At Work Not Work	Yes n or about 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 66 ond that in (m) (aur) opinion where the body ofter death. 22 D. ADDRESS VA Hospital, 3900 Loch Rave	ry 7th 19 66 on death accurred on the do 1/8/66 en Boulevard
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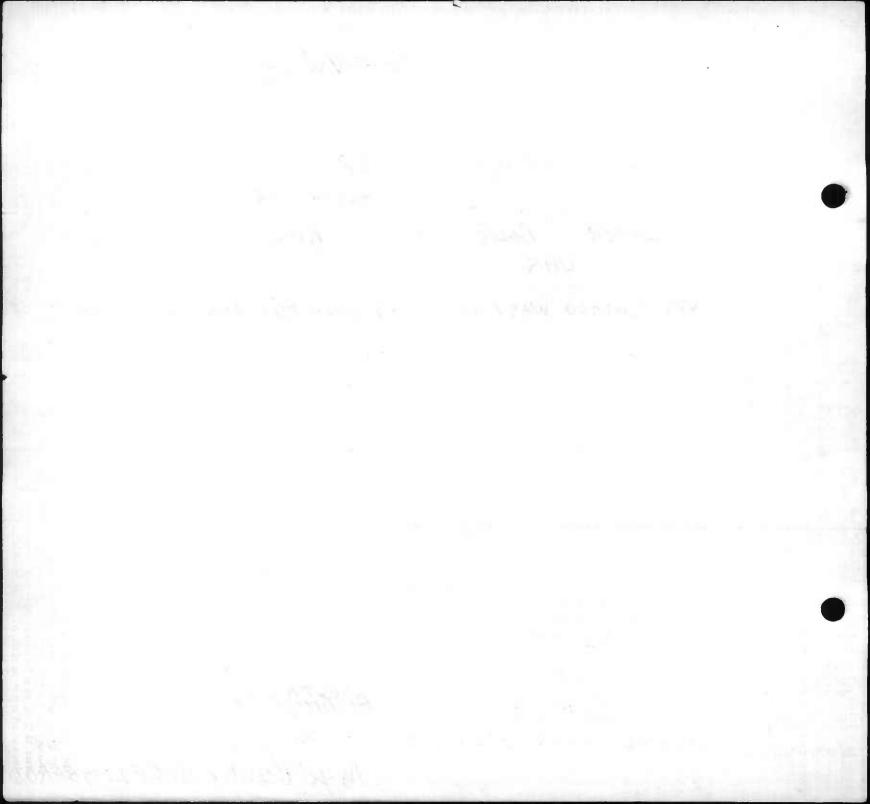
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VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT Registered Non-BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I, NAME OF DECEASED DATE AND HOUR OF DEATH (Type or Print) 3 -RESIDENCE (Where deceased lived. If institution; residence before adm 3. PLACE OF DEATH IN BALTIMORE, MARYLAND B. COUNTY FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location) (If outside city limits, write RURAL and give township) ADDRESS Denerd MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) 5. SEX 9. AGE (In years DATE OF BIRTH If Under 1 Yr. Months: Days If Under 24 Hrs. Hours Min. Hours last birthday 8 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME UNK 15. Was Deceased Ever in U. S. Armed Farces? (Yes, no ar unknawn) (If yes, give war ar dates of service) 17. INFORMANT ADDRESS 6. SOCIAL SECURITY NO. 1B. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made at dying, e.g., heart failure, osthenia, etc. It means the disease, injury ar camplication which caused death,) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, rise to the obave cause (A) stating the UNDERLYING CONDITION last, П CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, farm, factory, street, office bldg., INJURY OCCUR? (If in Baltimore City, give exact lacotion) MEDICAL DEATH (notify medical examined etc.) 21 D. TIME (Manth) (Day) (Year) (Haur) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX) At Work Wark 22. I certify that (I) (this hospital) attended the deceased from

1966 that (1) (we) lost sow the deceased alive on ond that in (my) (our) opinion deoth occurred on the dote and hour and from the couses stated above. (1) (We) (dtd) (did not) view the body after death. 23A. SIGNATURE 23 B. DATE SIGNED Attending Phys. Med. Director Staff Phys. M.D. 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) M.D. obeRt BURIAL CREMATION. REMOVAL (Specify)

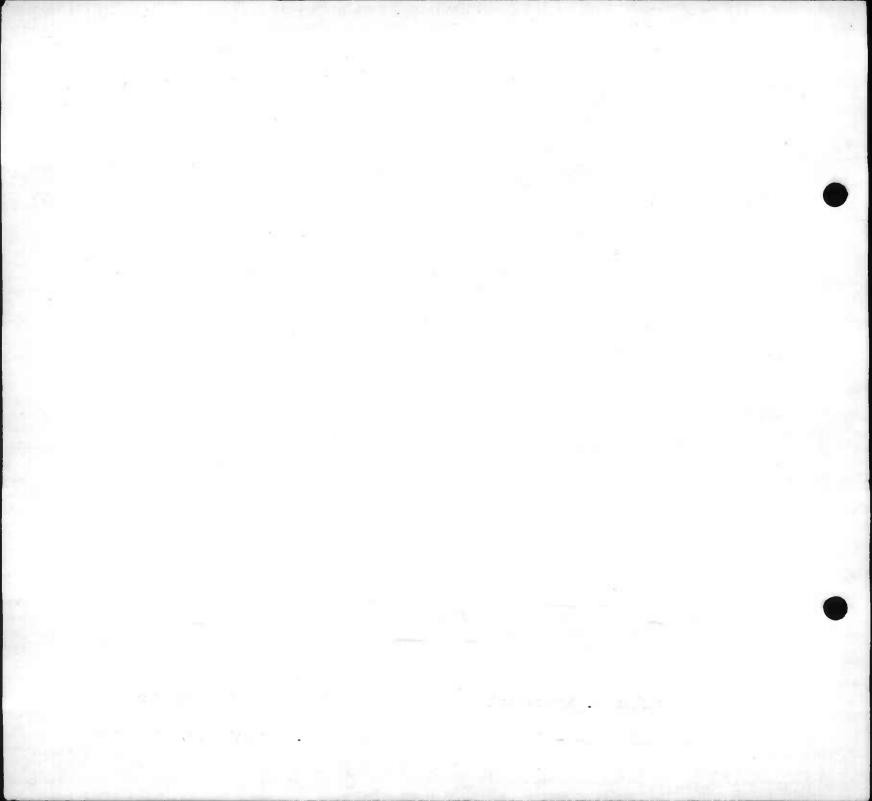


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death, s and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

IMPORTANT

FUNERAL DIRECTOR:

mun 66 00209	BALTIMORE CITY	HEALTH DEPARTMENT	CC	: 00209
BIRTH NO. 66-02683 66 00205	CERTIFICA	TE OF DEATH	Registered No.	1185399
1. NAME OF DECEASED (Type or Print)	11. Cun 1 1	2. DATE AN	ID HOUR OF DEATH	133
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	ideal Mic	4. USUAL RESIDENCE (Whee	re deceased lived. If ins	titution: residence before odmissi
FULL NAME OF (II not in hospital or institu	tion, give street	ma	us lanc	URAL ond give township)
Institution	,	Bal	limore	2
The John Hopk	ins Haspital	STREET ADDRESS (IF	rurol, give location)	e St
	RIED, NEVER MARRIED OWED, DIVORCED (specify)		9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
OA, USUAL OCCUPATION Give kind of work 10B. KIN done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fore	gn country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME	· · · n-/-	14. MOTHER'S MAIDEN NA	ME	,
Camen)	16 Ashe	Marino	21 k	
5. Was Deceased Ever in U. S. Armed Forces? Tes, no or unknown) (If yes, give was or dates of serv	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
18. 67 6.2 4	CAUSE C	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	A			ONSET AND DEATH
LEADING TO DEATH (This does not mean the made al dying,	(A) A	AIXOC		
heatt failure, asthenia, etc. II means the disc injury at camplication which caused death,)				
ANTECEDENT CAUSES	(B)	PNEA		
DISEASES OR CONDITIONS, if any, gi	DUE TO			
rise to the above cause (A) slating		EMATURI	TY	SMIN.
UNDERLYING CONDITION Iasi.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
	FOR WHICH OPERATION	YES	OB. IF YES, WERE FIN CERTIFYING CAU	INDINGS CONSIDERED SES OF DEATH?
U 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)	21 B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or about 21 C. WHERE DID	(If in Boltimore	City, give exact location)
21D. TIME (Month) (Doy) (Yeor) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX.)	While At Work Not While At Work			
22. I certify that (1) (this hospital) ottend	led the deceased from	1-6	1966 10 1-6	19 66
that (1) (we) lost saw the deceased olive	on 1-6	19 66 and th	ot in(my) (our) apin	ion deoth occurred on the d
ond haur and from the causes stated above	ve. (I) (We) (did) (dld_not)			
23A. SIGNATURE				23B. DATE SIGNED
Chastilino	Elea M.D. All	ending Med. Director	Stoff Phy s.	6 Jun 66.
23 C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		
Charles W. Moorehe	ad M.D.	The Johns Ho	pkins Hosp	ital
4A. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)	IC. NAME of CEMETERY OF CR			, town, or county) (State
CREMATION 1-6-66	The Johns Hop	kins Hos. Ba	ltimore, M	laryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C FUNERAL PIRECTOR	TITOTE	ADDRESS
JAN 10 1966 AD 60 3	TO COMPANY IN IN	TOPLITAL	DISPOSAT.	
/S 150-REV. 1/1/65			The Court of the C	



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and of death cause; (5) Deceased Such no occurred in a hospital death. attendance cause 9 prior contributing written approval must be obtained before the remains are embalmed or final disposition is made. n regular deceased the assistant if death attendance on or his fracture approved by the chief medical examiner regular physician who deceased prior to death); and (6) No physician was in where the the body was released to the hospital any nature; (except shows: (1) An accident of was D.O.A. at a hospital This certificate must be

IMPORTANT

FUNERAL DIRECTOR:

	H620 CC 00210  BALTIMORE CITY HEALTH DEPARTMENT  66 00210							
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	De or Print)	ASED C	IARA	HARRIS		7-66	8 10 A M.	
3. 1	PLACE OF DEA	TH IN BALTIA	MORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUN		ution: residence before admission)	
		oddress	in hospital or institute or location)	OFFALS	Maryland C. CITY OR TOWN (If outside city limits, write RURAL ond give township)  Baltimore D. STREET ADDRESS (If rurol, give locotion)			
				nore, Md. 21224	1528 N. Bruce			
5. S	enale	6. RACE Negro	WIDO	HED, NEVER MARRIED WED, DIVORCED (specify)	4-3-1903	ost birthdoy) 62	Under 1 Yr. If Under 24 Hrs. Conths Doys Hours Min.	
	. USUAL OCCU e during most of v			OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or foreign	in country)	2. CITIZEN OF WHAT COUNTRY?	
13.	Charles HAN	iles	mil	ler	14. MOTHER'S MAIDEN NAM	the Oden		
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		abave co	ONS, if any, givenuse (A) stating N last.	ving		**************************************		
ATION	TO THE DI		DITIONS CONTRIBUTIONS RELATED TO CAUSING IT.		nia hypun	achon a	3.	
ERTIFIC,	19A. DATE OF	OPERATION	198. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? Tes or No.	20B. IF YES, WERE FINING CAUSE YES	DINGS CONSIDERED S OF DEATH?	
AL C	21 A. ACCIDEN OR CONTRIBU DEATH (notify	IT WAS UND TING CAU medicol exom	ERLYING SE OF	218. PLACE OF INJURY (e.g., in home, lorm, foctory, street, of etc.)	or obout A.C. WHERE DID	(II in Boltimore C	ity, give exoct locotion)	
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that (1) (we) last saw the deceased alive

and that In (my) (our) apinion death accurred an the date

and haur and from the causes stated abave. (1) (\text{Wes}) (did) (\text{did} at) view the bady after death. 23A. SIGNATURE

23C. PHYSICIAN'S NAME (Type)

Attending Phys. Med. Director M.D.

238. DATE SIGNED 1-7-66 Stoff Phys.

23D. ADDRESS Vincent Felitti

4940 Eastern Avenue Baltimore, Md.

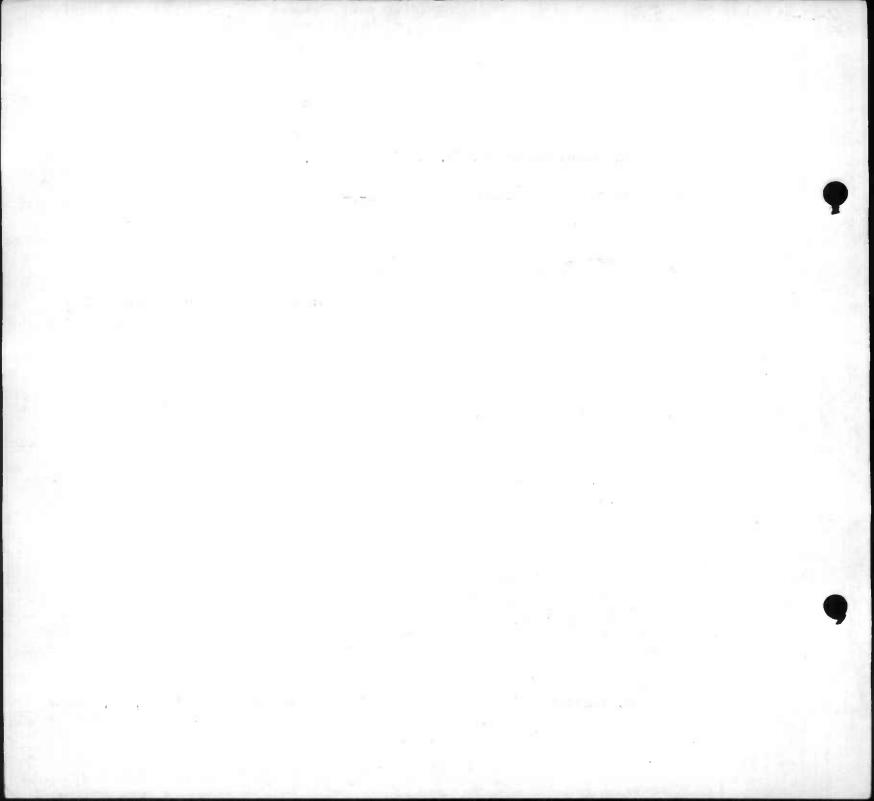
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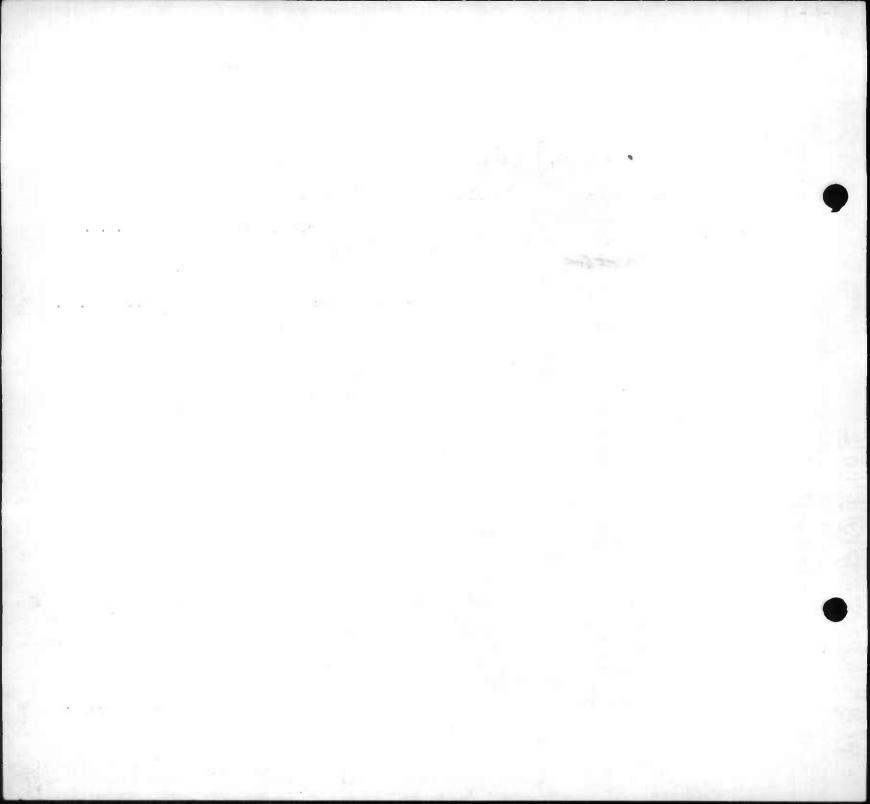
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Dr.

FUNERAL DIRECTOR

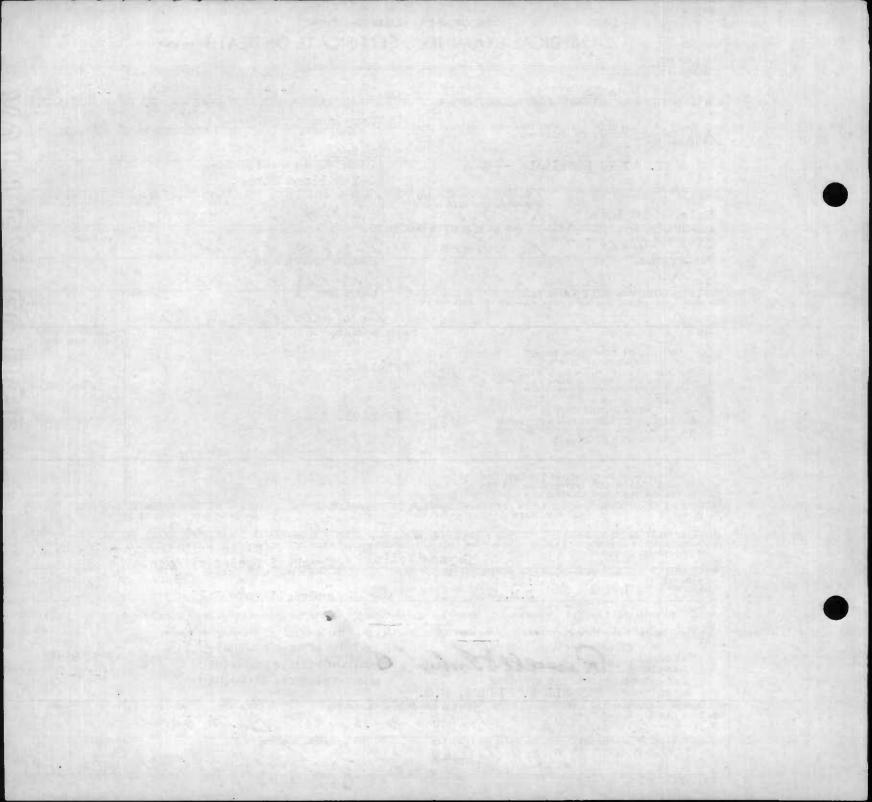


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	of of Dec	3. P		TH IN BALTIMORE, MA			4. USUAL RESIDENCE (Where	deceased lived. If in	stilution: residence boforo admission)
	5 00		ULL NAME O	F (If not in hospital address or location	or institution, g	ive street	MARYLAND		21-01
	a hos cause ise; (5) endan to de	Baltimore City Hospi 4940 Eastern Avenue				-	C. CITY OR TOWN (If outs BALTIMORE	ide city limits, write f	(URAL ond give township)
							D. STREET ADDRESS (If re	urol, give location)	
	rred in buting led cau ar att prior	Ľ		Baltimore,	Marylan	d 21224	751 McHenry S	treet 2123	30
	occurred ontributir ermined regular eased pr is made.	5. S	Female	6. RACE Negro	Mar	NEVER MARRIED , DIVORCED (specify) ried	1/22/21	. AGE (In years ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
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<b>—</b>	if d rect (4) U wa the spos	13.	FATHER'S NA	de de	John	W. Hopkin	14. MOTHER'S MAIDEN NAM	Facks	on
Z	stant he di kind; death se on nal di	15. Yes	Was Deceased	Ever in U. S. Armed Fo	rces?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
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E	tal by 3; (2) here No ph	AL C	OR CONTRIBI	NT WAS UNDERLYING DING CAUSE OF medical examiner	21 B. hom etc.)	e, form, foctory, street, o	fice bldg., INJURY OCCUR?	(If in Boltimore	City, give exoct locotion)
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	y was y was (1) An (2, A. at d prio		St	ephen Gregg		- M.D.	BCH 4940	Eastern Av	e., Balto., Md. 21224
	d d d	244	BURIAL CRE	MATION, 248. DATE Specify)	24 G.N.A	ME OF CEMETERY OF CR			ty, town, or county) (Stoto)
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	€ ± 2 3 ± 3		J/	AN 10 1966 (	1 Prest &	tally me	or of sources	will	15 wix
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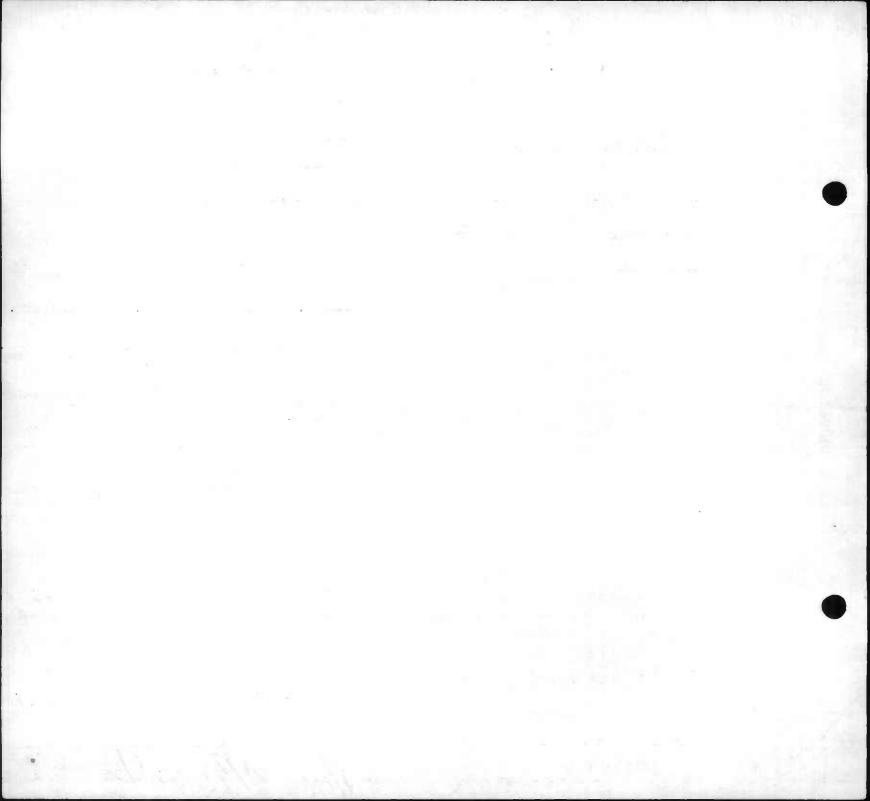
0263	177	100	(1)
66	113	36	1.6

	NO.								
1. NAME O	F DECEASED			2. DATE AND HOUR PRONOT					
	ANDERSO		JR.	1-9-66	5:10 P.				
3. PLACE IN	BALTIMORE, MARYLAND,	WHERE PRONOUNCED DEAL	4. USUAL RESI	DENCE (Where deceased lived. If B.	finstitution: residence before odmissi				
FULL NAM	E OF (IF NOT IN HOSI	PITAL OR INSTITUTION, GIVE	STREET		2000				
NSTITUTION	OR ADDRESS OR LO	CATION)	C. CITY OR TO	WN (If outside corporate limits,	write RURAL and give township)				
			Baltimon	Baltimore D. STREET ADDRESS (If rurol, give locotion)					
	ST. AGNES HOSP	TTAL - DOA	D. STREET ADD						
			142 Wil	lard Street					
s. SEX	6. RACE	7. MARRIED, NEVER MAR WIDOWED, DIVORCED(s		9. AGE (In ye last birthdoy)	Months, Doys, Hours, Mi				
Male	Colored	SINGLE	July	4-1953 12	Withins Days Hours Wil				
OA. USUAL	OCCUPATION (Give kind of w	work TOB. KIND OF BUSINESS C	R INDUSTRY 11. BIRTHPLACE		12. CITIZEN OF				
one during in	nost of working life even if retired	Pub. SCHOO.	. Aure	URG-GERMANY	WHAT COUNTRY?				
3. FATHER'S		Y WW. GOTTO	14. MOTHER'S A	1					
ROOM	-prod R.	50	10/ 1	0					
	CEASED EVER IN U.S. ARM	NED FORCES? 16. SOCIAL	17, INFORMANT	LICE DIVE	ADDRESS				
es, no or un	known) (If yes, give wor or d	dotes of service) SECURITY							
NO			ANDERS	ON BUIE SA 1	1425. W. 11, 13)				
1B.	0000		CAUSE OF DEATH	A) C C	INTERVAL BETWEE				
Land	7 = 7 , 10				ONSET AND DEA				
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH								
(This	(This does not mean the made of dying e.g., (A) ASPILYXIA								
injury	heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)								
-	ANTECENDENT CAUSES								
DISE	ASES OR CONDITIONS, IF		Drowning	***************************************					
RISE	TO THE ABOVE CAUSE (A) ERLYING CONDITION LAS	STATING THE	JE 10						
	CALING CONDITION LAS	(C)	00000000000000000000000000000000000000						
OTHE TO	- 1								
OTHE	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING								
DISE	THE DEATH BUT NOT								
_		ONDITION FOR WHICH OPER	ATION 20A. AUTOPS	Y? (Yes or No) 20B. IF YES, WER	F FINDINGS CONSIDERED				
3		PERFORMED		IN CERTIFYING C	CAUSES OF DEATH?				
21 A. EX1	TERNAL CAUSE WAS	21R PLACE OF IN	Ye	WHERE DID (If in Boltimore Cit	es 200				
UNDERL	YINGMOR CONTRIB-	home, form, focto	ry, street, office bldg., INJUR	Y OCCUR? Ellicott T	Driveway - 1/4 Mil				
	CAUSE OF DEATH.	Gwyn	ns Falls No	rth of Frederick					
21 D TIN		(eor) 3 (How) 21E. INJURY		AW DID DILLIAN A COURS	lipped on icy rock				
(APPROX		P.M. WHILE AT	NOT WHILE X and						
22.		I . FI . WORK	AI WORK A and	d fell into Falls					
100	I certify that I held an	Inquiry Inspectio	n Autapsy X an	d that an this basis, death	in my apinian				
180.6	resulted fram: Natural	causes Accident X	Suicide Hamle	ide Undetermined m	anner 🗌				
			. CHIEF M	EDICAL EXAMINER					
	TUAL /	2000 X 8 als		EDICAL EXAMINER	DATE SIGNED				
	NATURE	mece o vivin			1-10-66				
	AMINER'S ME (Type) RUSSE]	LL S. FISHER, M.		MEDICAL EXAMINER	2 20 00				
			CEMETERY or CREMATORY	23D. LOCATION (	City, town, or county) (State)				
3A. BURIA	CREMIATION, 230, DATE								
BAL BURIAL		1			1				
Su-		1	TO NATIONA		0				



the body was released to the hospital by a medical examiner. Also, it the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased 🔿 was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the

			BALTIMORE CITY	HEALTH DEPARTMENT		00 00010				
		OURTH NO. 66 00213  CERTIFICATE OF DEATH  Registered No. 66 00213								
	1. N	I. NAME OF DECEASED  (Type or Print)  2. DATE AND HOUR OF DEATH								
		Thomas W. Moo			y 6, 1966	M.				
	3. PI	LACE OF DEATH IN BALTIMORE, MARYLAN	D	4. USUAL RESIDENCE (Where d	eceosed lived. If ins	stitution; residence before admission)				
	H	ULL NAME OF (If not in hospital or insti IOSPITAL OR address or lacotion) VSTITUTION	tution, give street	Maryland  C. CITY OR TOWN   Ilf outside city limits, write RURAL and give township)						
)	0	548 West University Par	kway	Baltimore D. STREET ADDRESS (If rurol, give locotion)						
	5. SI	EX   6. RACE   7. MA	ARRIED. NEVER MARRIED	B. DATE OF BIRTH 9. AGE (in years   11 Under 1 Yr. If Under 24 Hrs.						
	M	WI	DOWED, DIVORCED (specify)  RTIEd	Septemberl4, 1882	birthdoyl 83	Months Doys Hours Min.				
		during most of working life, even if retired)	IND OF BOSHIESS OF HADOSIKI	TI. BIKINFLACE (Side of loleigh	Country	WHAT COUNTRY?				
	C	annery Owner Can	nning Produce	Maryland		USA				
	13. F	ATHER'S NAME		14. MOTHER'S MAIDEN NAME						
	T	homas Moore		Laura Shaffer						
	15. V	Vas Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS				
		,no or unknown) (If yes, give war ar dates of se	SECURITY NO.	T 11: 37 37	۳۱ ۰ ۰ ۰					
		no   18. 44 5 4 5	CAUSE O	Lottie M. Moore	548 W	Vest University Pkw.				
		DISEASE OR CONDITION DIRECTLY		DEATH ()	$\cap$	ONSET AND DEATH				
		LEADING TO DEATH		rista Coronin	ar. (40,	okusin water				
		(This does not mean the made of dying, e.g.,  (A)  DUE TO								
		heart failure, asthenia, etc. It means the disease, injury or complication which caused deoth.)								
	ANTECEDENT CAUSES ( VIEW COLLEGE COLLEGE LEGGE LEGGE COLLEGE COLLEGE LEGGE COLLEGE COL									
		DISEASES OR CONDITIONS, if any,	giving DUE TO	1. Dinoppo	Pyramia	1 -020				
		rise to the above cause (A) slatin		1) Weater C	Munic					
		UNDERLYING CONDITION last.	COY	onnary Snou	Recieuce	4				
	z	OTHER SIGNIFICANT CONDITIONS CONTRI	RUTING		1					
	ATIO	TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TO THE							
		19A. DATE OF OPERATION 19B. CONDITION	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	OB. IF YES, WERE F	INDINGS CONSIDERED				
	ERTIFIC	WAS PERFORME	D		N CERTIFYING CAU	JSES OF DEATH?				
	U	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., i hame, form, foctory, street, a etc.)	n or about 21 C. WHERE DID INJURY OCCUR?	llf in Baltimare	City, give exact lacotion)				
		21D. TIME (Month) (Day) (Year) (Hou		21F. HOW DID INJUR	Y OCCUR?					
	\$	(APPROX)	While At Not While Work At Work			$\wedge$				
		22. I certify that (I) (this hospital) atte		- I VV	50 00 6	10 66				
	1	22. I certify that (1) (this hospital) attended the deceased from a 1000 1950 to 6 1966,								
		that (I) (we) last saw the deceased alive on 1964 and that in (my) (our) opinia death accurred on the date								
	1 1	and hour and from the causes stated above. (() (We) (did))dld not) view the body after death.								
		23A SIGNATURE 23B. DATE SIGNED  M.D. Attending Med. Director Phys. 51off Phys. 57 Jan. 66								
		23C PHYSICIAN'S NAME (Type)	M.D.	2725 N.C	horles	St. Batto 18 M				
	24A	BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CR	EMATORY 24D. LOC	ATION (Cit	y, town, or county) (State)				
	-	Burial 8 Jan 66	Loudon Park Ceme	etery , Ralt	imore, Mar	yland)				
	25A	DATE REC'D BY HEALTH DEPT. 258. N	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	17	ADDRESS				
		JAN 10 1966 (R.O.	of E. Fallen M.B.	Burgee Funeral	Agme 36	31 Falls Road				
	VS 1	I50-REV. 1/1/65	7 6 6 0	O Dalla 21	Jung	aye				
						/				

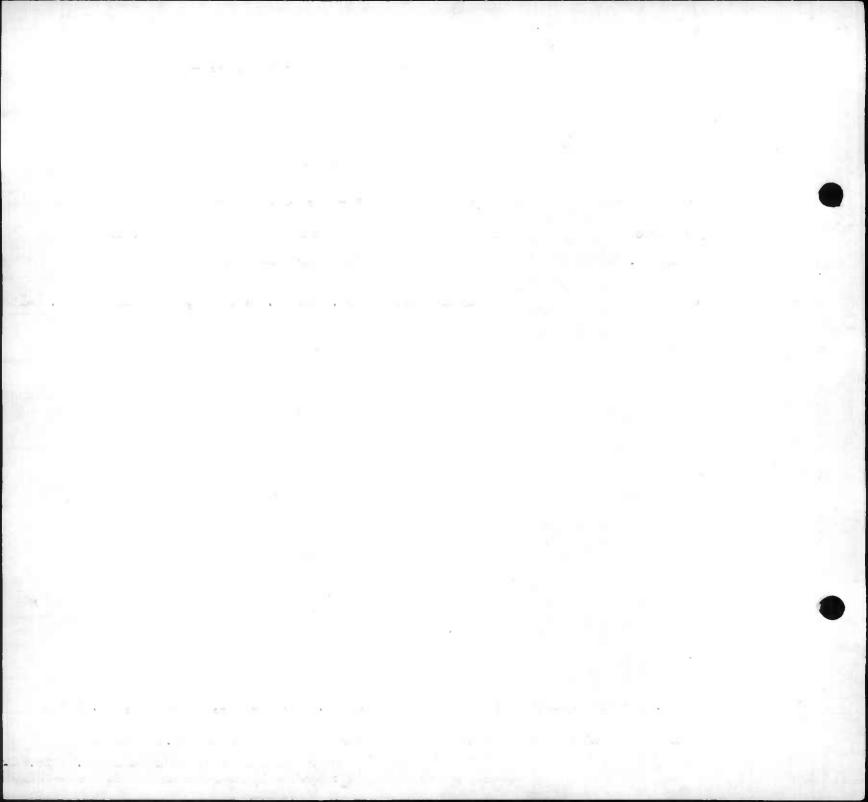


V\$ 150-REV. 1/1/65

66,00214 BALTIMORE CITY HEALTH DEPARTMENT							
BIRTH NO. MINAY	CERTIFICA	TE OF DEATH Register	ed No. 66 00214				
M.E. CASE NO.		2. DATE AND HOUR OF DEATH					
(Type or Print) MILLERY,	WILLIAMFRANCIS	1/10/66	2.30 AM.				
3. PLACE OF DEATH IN BALTIMORI	MARYLAND	4. USUAL RESIDENCE (Where deceased li	ved. If institution: residence before admission)				
FULL NAME OF (If not in ho	spital ar institution, give street	MO	9-01				
HOSPITAL OR address or l	N MEHORIAL		s, write (URAL and give township)				
1461			2/2/8				
7/ 1/05P1	TAL	D. STREET ADDRESS (If rural, give loc					
5. SEX   6. RACE	7 MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In ye					
M W	WIDOWED, DIVORCED (specify)	8/19/02 63	Months Doys Haurs Min.				
	of work 108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLA DE (State at foreign caunity)	12. CITIZEN OF WHAT COUNTRY?				
done during most of working life, even if re MAINTENANCE SO 13. FATHERS NAME	novvision - Hospital	BALTIMORE	USA				
13. FATHER'S NAME	F	14. MOTHER'S MAIDEN NAME					
EDW	ARD MILLIPY	SARAH PE	ARCE				
Decessed ever in U. S. Arm	ed Farces? 1 6. SOCIAL	17. INFORMANT	ADDRESS				
(Yes, no or unknawn) (If yes, give war o	ar dates of service) SECURITY NO.	Edna May Milwey	1615 Cavernell St				
18. 18. 44. X 1	CAUSE O	1	INTERVAL BETWEEN				
DISEASE OR CONDITIO	N DIRECTLY		ONSET AND DEATH				
LEADING TO DE	ATH (A) 65	NERALIZED SEI	PTICEHIA ZWEEKS				
(This does not mean the made heart failure, asthenia, etc. If r	le af dying, e.g., DUE TO neans the disease,	PERITONITIS					
injuly of camplication which c							
ANTECEDENT CA	AUSES (B)	RECTALCAPECI.	3650				
DISEASES OR CONDITIONS, rise la lhe abave cause	if any, giving (A) slating the	RUPTUREDCE	551 RUC 116/U				
UNDERLYING CONDITION In:	51.						
O OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT							
	RELATED TO THE						
DISEASE OR CONDITION CAUS	CONDITION FOR WHICH OPERATION		S, WERE FINDINGS CONSIDERED				
	INTESTIMALOBSTR		TING CAUSES OF DEATH?				
OR CONTRIBUTING CALLES O	ING 21B. PLACE OF INJURY (e.g., in hame, form, factory, street, at	n ar about 21C. WHERE DID (If in	Boltimare City, give exact lacation)				
DEATH (notify medical examiner)	etc.)						
OF INJURY (Month) (Day)		21 F. HOW DID INJURY OCCUR	?				
21 D. TIME (Month) (Day) OF INJURY (APPROX.)	While At Not While Work At Work						
22, I certify that (1) (this has	spital) attended the deceased from	1/9 1966 10	1/10 1966.				
0	ceased alive on		our) opinion death occurred on the date				
	s stoted obave. (I) (We) (aid (did not)	view the body ofter deoth.					
ond hour ond from the couse  23A. SIGNATURE	2 . 25		23 B, DATE SIGNED				
	1. leene M.D. Atte	ending Med. Stoff Phys.	1/10/66				
23C. PHYSICIAN'S NAME (Type)	SIGRID A. HEINE.		EMORIAL HOSPITAL				
23C. PHYSICIAN'S NAME (Type)  PESIA  24A. BURIAL CREMATION, 24B. DA	RE VANDER NOBUEME	UNION HEHOR					
24A. BURIAL CREMATION, 24B. DA	TE 24C. NAME of CEMETERY OF CR		(City, tawn, ar county) (State)				
BUYIZ/ 121	ANGE Drud Riche	Cem Pikesvi	11. Md				
BUY12 /2 /2 /25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C FUNERAL DIRECTOR	ADDRESS				
JAN 10 1	966 R. Dee & E. touten M.A.	Durge France/1	Juma 3631 Falls P.				

The Rate will such that the

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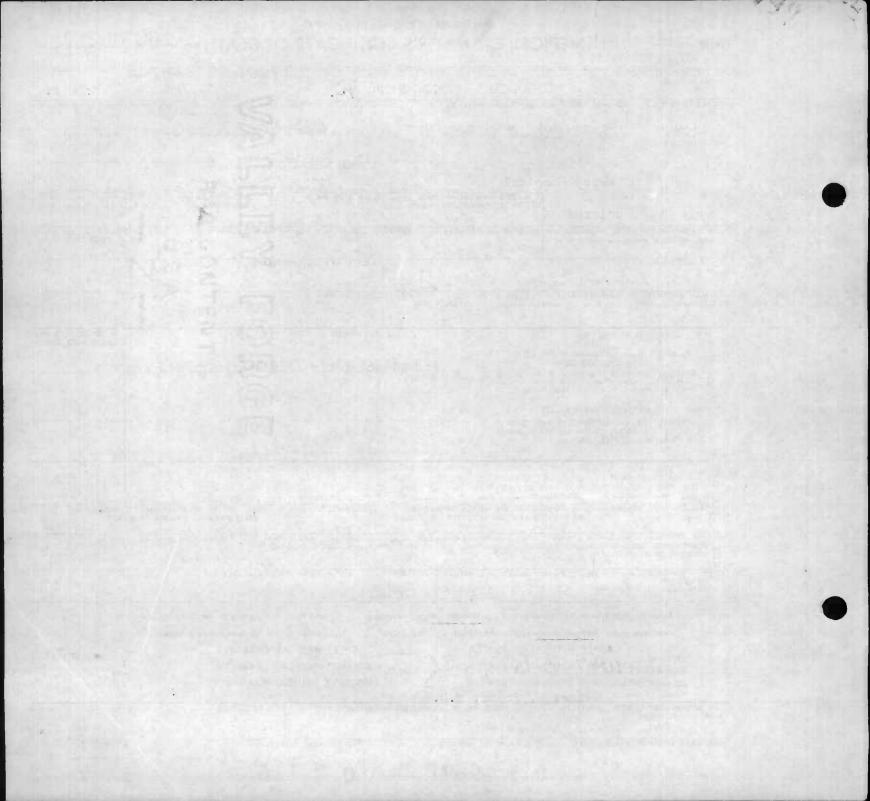


BIR	TH NO. 6	6 005 MED	ICAL EX	AMINER'S	CERTIFICATE OF	DEATH Registe	ered Na.	
-	E CASE NO.				X			
l. (Ty	De or Print)				2. DATE AND HOUR PRONOUNCED DEAD			
		RANCES BARLE			A CONTRACTOR OF THE PROPERTY O	nuary 8, 196	IV1.	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD					4. USUAL RESIDENCE (Where	deceosed lived. If inst	itution: residence before odmission) JNTY	
FU	LL NAME OF	(IF NOT IN HOSPI	TAL OR INSTITU	TION, GIVE STREET	Penna.			
HC	SPITAL OR	ADDRESS OR LOC	ATION)	THE STREET	C. CITY OR TOWN (If outsid		RURAL ond give township)	
1					Frankli	n	V-33	
1	Sina	i Hospital			D. STREET ADDRESS (II rurol,	give location)		
					717 Gra	nt St.		
5.	EX	6. RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs.	
f	emale	white	Marri	DIVORCED(specify)	March 6, 1907	58	Months Doys Hours Min.	
10A	USUAL OCC	UPATION (Give kind of wo			RY 11. BIRTHPLACE (State or foreign		12. CITIZEN OF	
1		working life, even if retired)					WHAT COUNTRY?	
13.	Housew	<u>iie</u>	-		Pennsylvania	F	USA	
			nom Cm		Alice Louisa T			
15		Joseph Stern		16. SOCIAL	17. INFORMANT	ELLITI	ADDRESS	
		(If yes, give wor or do		SECURITY NO.	17. INFORMANT		ADDRESS	
	No	-		_	Leslie H. Barl	ett, 717 Gra	ant St. Franklin,	
	18.	130		CAUS	SE OF DEATH		INTERVAL BETWEEN	
	Picca	CE OR CONDITION F	IBEOTI V				ONSET AND DEATH	
	DISEA	SE OR CONDITION DEAT		Hvperi	tensive cardiovas	cular diseas	se	
	(This does	not meon the mode of	dying, e.g.,	DUE TO	***************************************			
	injury or co	mplication which coused	deoth.l					
	ANTECENDENT CAUSES							
	DISEASES	OR CONDITIONS, IF	ANY, GIVING	(8). DUE TO	•••••	••••••••		
		TE ABOVE CAUSE (A)						
Z				(C)				
은		il				THE RESERVE		
S		NIFICANT CONDITIONS DEATH BUT NOT R						
CERTIFICATION		R CONDITION CAUSIN		***************************************	000000000000000000000000000000000000000	y = 0 0 = = 0 = = = = = = = = = = = = =	***************************************	
3	19A. DATE OF	F OPERATION 198, CO	NDITION FOR \	WHICH OPERATION	20 A. AUTOPSY? (Yes or No)			
0	2	17376	KIOKIVIED		yes IN CERTIFYING CAUSES OF DEATH?			
V	21 A. EXTERNA	OR CONTRIB-	21 B,	PLACE OF INJURY (e.g.	, in or about 21C, WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?			
EDIC	UTING CAL	JSE OF DEATH.	etc.)	, 10111, 1001019, 3110019	omeo siago, invoki occok:			
Σ	21 D TIME	(Month) (Doy) (Ye	or) (Hour) 2	E. INJURY OCCURRED	21F, HOW DID INJU	JRY OCCUR?		
	OF INJURY (APPROX.)				WHILE			
	22.		m. V	ORK AT	WORK			
1		tify that I held an	Inquiry	InspectionA	utapsy 🛚 and that on th	is basis, death in n	ny apinian	
	resu	Ited fram: Natural co	uses X A	ccident Suici	de Hamicide	Indetermined manne	er 🗌	
		DAC	A		CHIEF MEDICAL EX			
	ACTUA	L ////	7151	1- 41 49 -			DATE SIGNED	
	SIGNAT		) will	M.	1			
	EXAMIN NAME (	Type) Kudiger		ecker, M.D.	ASSOCIATE MEDICAL EX		1-8-66	
	OVAL (Specif	MATION) 238 DATE	230	C. NAME OF CEMETERY	or CREMATORY 23D. L	OCATION (City,	, town, or county) (State)	
	Burial	12 J		Sunset Memor:			ennsylvania	
24/	A. DATE REC'D		A A B	OF REGISTRAR	24C. FUNERAL DIRECTOR	211	ADDRESS	
		JAN 10 1966	Robal	C. Consider	Eurges Funer	1 Hope . 36	1 Walls Rd. Balt.o.	
VS	151-REV. 1/1/	/65	1 4	5 / 1 1	0 03/1/03/15	11 18111101	VIET.	

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BALTIMORE	CITY HE	LITLE	DEDAD	TAARNIT
DALIMUKE		ALIM	DEPAK	IMPNI

BIRTH NO. 66	00217MED	ICAL EX	(AMINER'S C	ERTIFICA	TE OF D	EATH Regist	rered No. (1021)	7
M.E. CASE NO.								
1. NAME OF DE (Type or Print)		CHEODORE	BLACKNEI	TO	2. DATE AND	HOUR PRONOUN		
3 PLACE IN RAI	TIMORE, MARYLAND, W			4	25005000	1/7/6		) a. M
S. PEAGE III DAE	THOUGH, WARIEAND, W	HERE PRONOL	DNCED DEAD	A. SIAIE		B. CO	stitution: residence befare	admission
FULL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	JTION, GIVE STREET	C. CITY OR TO	aryland	cornarate limits wi	te RURAL and give town	ne hin)
INSTITUTION	ADDRESS OR LOCA	(11014)				January Inning, Van	Come die give idwi	smp/
57					ltimore  PRESS (If rural,	rive leasting)	0-00	
	Mercy Hos	enite1						
5. SEX	6. RACE	*	NEVER MARRIED	B. DATE OF BIR		adison St.	If Under 1 Yr, If Un	day 24 H.
male	colored	WIDOWED,	DIVORCED (specify)	May 6,	1906	lost birth(ay)	Manths Doys Hou	
done during most of	UPATION (Give kind of working life, even if retired)	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or foreign	country)	12. CITIZEN OF WHAT COUNTRY	2
Wele	den	Rail	road	N.C.			WITAT COUNTRY	
13. FATHER'S NAM	AE			14. MOTHER'S	AAIDEN NAME			
The	adore B	lack	nell An	Man	ganet	Spee	d	
	ED EVER IN U.S. ARMED		16. SOCIAL	17. INFORMANT			ADDRESS	
No	ur yes, give wor or date	s ar servicer	SECURITY NO. 717-67-6394		1.1			
118.				OF DEATH	Y		INTERVAL	
(This does heart failure injury or ca	SE OR CONDITION DI LEADING TO DEATH not mean the made of , osthenio, etc. It means mplication which coused	dying, e.g., the diseose, deoth.)	(AArteric	scleroti	c cardio	ascular d	ONSET AN	
RISE TO TH UNDERLYII	OR CONDITIONS, IF A LE ABOVE CAUSE (A) ST NG CONDITION LAST.	NY, GIVING ATING THE	DUE TO					***************************************
<u> </u>	ll l		( )/					
O THE	NIFICANT CONDITIONS DEATH BUT NOT REI R CONDITION CAUSING	ATED TO T	NG HE	***************************************				P00
19A. DATE OF	OPERATION 198, CON		WHICH OPERATION		Y? (Yes at Na) 2	OB. IF YES, WERE F N CERTIFYING CAL	INDINGS CONSIDERED	
UTING CAU	L CAUSE WAS OR CONTRIB- USE OF DEATH.	21 B. I home etc.)	PLACE OF INJURY (e.g., i farm, foctary, street, o	n or obout 21C.	WHERE DID (II	in Boltimare City, g	give exact location)	
21D TIME OF INJURY	(Month) (Doy) (Year	(Hour) 2	1E. INJURY OCCURRED	21 F. H	OM DID INJUI	Y OCCUR?		
(APPROX.)		m. W	HILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	WHILE _				
22. 1 cer	tify that I held an I	nquiry 🗌	Inspection Aut		d that an this	basis, death In	my apinlan	
resul	ted from: Natural cau	ses X A	ccident Suicide	Hamic	ide U	ndetermined mann	ner 🗌	
ACTUAL		4.5	2016	CHIEF A	MEDICAL EXA		DATE SI	GNED
EXAMIN NAME (	IER'S	II Code	5 M.D.	ASSOCIATE I			1/7/66	
23A. BURIAL CRE	MATION, 23B. DATE	U. Spit	C. NAME of CEMETERY of	CREMATORY	23D. LO	CATION (City	y, town, or county)	(Stote)
Burial	Jan. 12		mt. Calvan	· Comete	ing a	a, Com	nty, 71	rd.
24A. DATE REC'D	BY HEALTH DEPT.	24B. NAME (	OF REGISTRAR	24C. FUNER	AL DIRECTOR	, , , , , , , , , , , ,	-03 %. Bond	e st.
JAN 1	0 1966 120	1- 80 F	Company 1	1 10 mg	Curili 6	ames 1141	Zone	13
VS 151-REV, 1/1/	65							



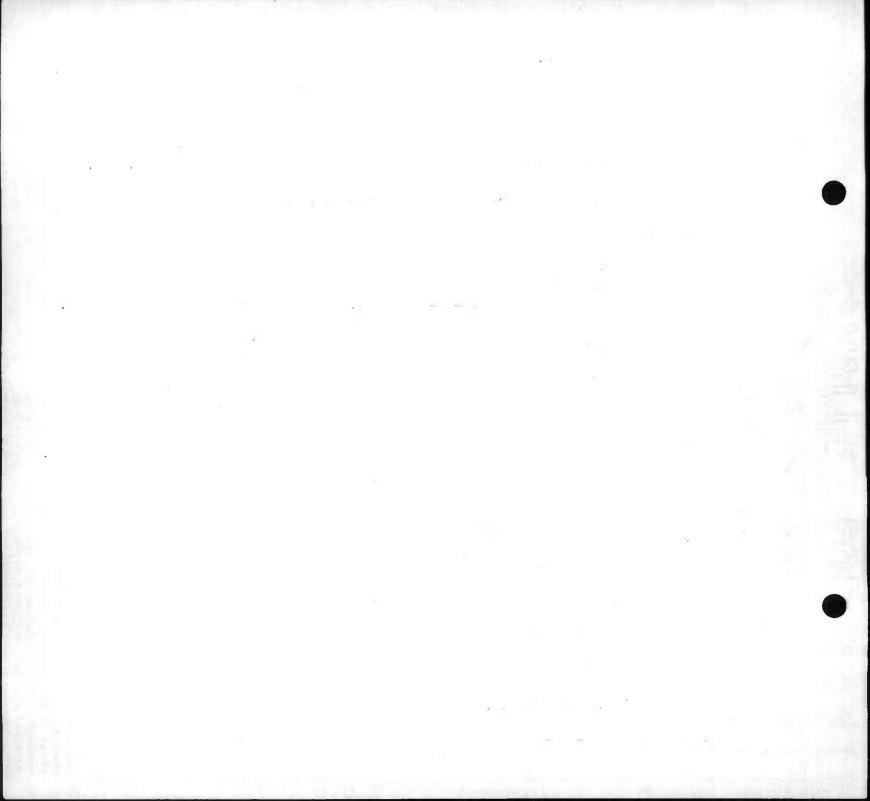
	0.0	0.004.0	BALTIMORE CITY	HEALTH DEPARTME	NT C	6 00218
		00218	CERTIFICA	TE OF DEAT	H Registered No.	0 00210
1. N (Ty	E CASE NO. NAME OF DECEASED PLOT Print) PLACE OF DEATH IN BALTIMO	D AN	THONY		TE AND HOUR OF DEATH	1 2 300N
		naspital ar institution,	give street	C. CITY OR TOWN	Where deceased lived. If i COUNTY  AND  (If outside city limits, write	RURAL ond give lownship)
6	HURCH HV	ME +	HUSPITAL	D. STREET ADDRESS	MORES (If rurol, give lacation) (A16 HLA	NO AUF.
	SEX 6. RACE	WIDOWEL	NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH  2-10-19	19. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
don	NUSUAL OCCUPATION (Give king of during most of working life, even if name operator.			Italy		12. CITIZEN OF WHAT COUNTRY?
	Salvatore Ma			14. MOTHER'S MAIDE	_	
15. (Ye	Wes Deceased Ever in U. S. Ar s, no or unknown) (If yes, give wo		16. SOCIAL SECURITY NO.	17. INFORMANT	HRT	ADDRESS
	DISEASE OR CONDITI		CAUSE O		1 10 5 altan	INTERVAL BETWEEN ONSET AND DEATH
	(This does not meen the meet failure, osthenio, etc. It injury or camplication which ANTECEDENT CONSEASES OR CONDITION rise to the above caus UNDERLYING CONDITION	meons the disease, caused death.)  AUSES S, if ony, giving e (A) stating the	DUETO		CHONARY DIAL INT CLEROTIC	HEART BISERGE
CATION	OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NO DISEASE OR CONDITION CA 19A. DATE OF OPERATION 115	T RELATED TO TH	E	20A. AHTOPSY? (Yes	or No) 208. IF YES, WERE	EINDINGS CONSIDERED
ERTIFIC		AS PERFORMED			IN CERTIFYING CA	SUSES OF DEATH?
CALCI	21A. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE DEATH (notify medical examine	OF hom	PLACE OF INJURY (e.g., in ne, farm, foctory, street, of )	n or about 21C. WHERE I fice bldg., INJURY OCC	OID (If in Boltimo UR?	re City, give exoct location)
MEDI	21 D. TIME (Manth) (Day) OF INJURY (APPROX.)		INJURY OCCURRED  ile At Not While th At Wark	e 🗆	D INJURY OCCUR?	,
	22. I certify that (I) (this hithot (I) (we) lost saw the dond hour and from the cous	eceased olive on	1/9			inion death occurred on the dote
	23A. SIGNATURE  A G  23C. PHYSICIAN'S	Tala		ending Med, s. Director	Stoff Phys.	23R DATE SIGNED
24/	NAME (Type)	A 702	ENTINO M.D.		24D. LOCATION (C	( City, lown, or county) (State)
25/	Burial 1/1 A. DATE REC'D BY HEALTH DEP	2/66 Ho.	Ly Redeemer (	emetery 25C. FUNERAL DIR	Baltimone	Maryland
VS	JAN 10 1966 (1)	2. 6. E. Jan	0 0	John A. I	Moran, Inc. 3000	O E. Balto. St.

	1.6		BALTIMORE CITY	HEALTH DEPAR	TMENT	. 66 008	210
BIRTH NO.	66 Juci	)	CERTIFICA	TE OF DE	ATH Registere	ed No.	C1.0
I, NAME OF D					2. DATE AND HOUR OF	DEATH	
(Type or Print)		Brooks			January 6, 1		5:15M
	DEATH IN BALTIMORE, MA			4. USUAL RESID	B. COUNTY	red. If institution; reside	ence before admission)
HOSPITAL C	OR oddress or locotio	or institution, give st	reet	C. CITY OR TOW	Maryland  VN (If outside city limits)	s. write RURAL ond gi	ve township)
INSTITUTION	Provident	Hospital			Baltimore		
39	1514 Divis	sion Stree	t	D. STREET ADDR	RESS (If rurol, give loco	otion)	
1	Baltimore	17, Maryl	and		2431 Lakevi	iew Avenue	Apt. 10
5. sex Female	6.RACE Negro	7. MARRIED, NEVE WIDOWED, DIV	ORCED (specify)	March 18	lost birthdoy)	ors If Under 1 Months: Do	Yr. II Under 24 Hrs. ys Hours Min.
	CCUPATION (Give kind of wor	10B, KIND OF BUSIN	NESS OR INDUSTRY			12. CITIZEN	OF
done during most	t of working life, even il retired)	none		Mary	land	USA	COUNTRY?
13. FATHER'S N		none		14. MOTHERS M		002	1.
15 W D	unknown	9 19 -		17 /1000	unknown		D. D. D. C. C.
(Yes, no or unkno	sed Ever in U. S. Armed For own) (If yes, give wor or dote		CORITY NO.	17. INFORMANT			DDRESS
		21	1-20.9735	William	Brooks-son 5	517 /Dell	sulle au
1B. 3	373.31		CAUSE O	F DEATH	0 0		ERVAL BETWEEN
DISI	EASE OR CONDITION DI	RECTLY		1//		ON	SEL WAD DEVIU
	LEADING TO DEATH		(4)	Mik	a sy		
	s not meen the mode of		DUE TO			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	re, oslhenio, elc. Il means complication which caused					-	
	ANTECEDENT CAUSES		(B)		/		
DISEASES			DUE TO				***************************************
	OR CONDITIONS, if the above couse (A)		(C)			10	
	ING CONDITION last.		, -,		, no no ne en en en manda de el en manda no mada de mon el el	7aann non aaaa na 00000 mobaa an 1 wasa	
	11						
	GNIFICANT CONDITIONS C						
DISEASE	OR CONDITION CAUSING	IT					
19A. DATE	OF OPERATION 198. CON WAS PER	IDITION FOR WHICH	OPERATION	20 A. AUTOPSY	(Yes or No) 20B. IF YES, IN CERTIFYI	WERE FINDINGS CO	NSIDERED TH?
OR CONTE	DENT WAS UNDERLYING TRIBUTING CAUSE OF Detify medical examiner	21B. PLAC home, lorn etc.)	E OF INJURY (e.g., in, foctory, street, or	fice bldg., fNJURY	IERE DID (If in OCCUR?	Boltimore City, give es	xoct locotion)
OF INJURY		(Hour) 21E, INJU	RY OCCURRED	21 F. HO	W DID INJURY OCCUR?		
(APPROX)		While At Work	Not Whill	e			
22 1	16 1 1 1 1 1 1 1 1			-	106616	Januari	h 66
	ify that (1) (this hospita						6, 19 66
that (I) (v	we) lost sow the decease	ed alive on Ja	nuary o,	19 00	ond that in (my) (o	ur) opinion deoth c	occurred on the date
ond hour	and from the causes sta	red above. (1) (We	(did) (did not) v	iew the body of	ter deoth.		
23A. SIGNA	ATURE SU	20 1				23B. DATE S	IGNED
	N- TO hen	DON	M.D. Atte	s. M	ed. Stoff Phys.	Janua:	ry 6, 1966
23C. PHYSI		-		23D. ADDRESS			0 - 7 7 7
NAMI	Roger Ti	neodore			ision St. Bal	Itimore Ma	arvland (15
244 8118141 6	0		the state of the s				
REMOVA	CREMATION, 24B. DATE	24C. NAME 0	CEMETERY OF CRI	MATORY	24D. LOCATION	(City, town, or co	ounty) (Store)
Bure	al) 1/10/0	6 /Dal	timare	Hater	W 12000	muse	ony.
25A. DATE REC	C'D BY HEALTH DEPT.	The second secon	ISTRAR	25C FUNERAL	L DIRECTOR		ADDRESS
JAN 1	1966 R. C. S.	E. Stadley M.		Winds	ate of Shill	20 1722	n Mena:
VS 150-REV. 1	/1/65	7 0 4		1	curry There	1-1-1-01	H: 1. con was



-	30	week	- 1	
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.

		66 01	icell		HEALTH DEPARTM		00 00000
	CASE NO.			CERTIFICA	TE OF DEA	TH Registered No	- 66 00220
1, N	AME OF DEC	EA SED T			2. [	DATE AND HOUR OF DEAT	Н
		William	Whitwor	th		1/6/66	11:05 p.
3. P	LACE OF DEA	TH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDEN	CE (Where deceased lived. If	institution: residence before admissio
E	ULL NAME O	F (If not in hospital	or institution	ove that	Mary	land	
H	OSPITAL OR	oddress or location	n)	diae sueci	C. CITY OR TOWN	(If outside city limits, wiit	e RURAL and give to waship)
711	NOITUTITE						26-33
5					D. STREET ADDRESS	(If rural, give location)	
	Couth De	altimore Gene	mal Ham	nital	061.0 TTo ad	Dord Charact	D-11- W4
. S!		6. RACE		NEVER MARRIED	B. DATE OF BIRTH	Port Street	Balto., Md.
		Total T	WIDOWED	DIVORCED (specify)		lost birthdoy)	If Under 1 Yr. II Under 24 Hr Months Doys Hours Min.
	Male	White	Marrie		July 17, 19	903 62	
		JPATION (Give kind of work working life, even if retired)	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stot	e or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Carpen				Maryl	and	
3. F	ATHER'S NAM				14. MOTHER'S MAIL		
						0	
		3				3	
5. V	Vas Deceased	Ever in U. S. Armed For (II yes, give wor or dote	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT	Roy	ite 3 ADDRESS
	No	None		216-18-0765	Mr. George		ithersburg, Md.
	18, //	75 11		CAUSE O		***************************************	INTERVAL BETWEEN
	70	XUIJ	Feelv	G/1032 G	JEAN!		ONSET AND DEATH
		E OR CONDITION DIE LEADING TO DEATH	RECTLY	M			
		al mean the mode of	dvina. e.a.	(A)	P ( 415 DI	TUFARE	TON CANA
	heart failure,	asthenia, etc. II means	the diseose,		. 1		0
	injury or com	plication which coused	death.)	(1)	21. Ch	scular aco	1.12
		ANTECEDENT CAUSES		DUE TO	ucus ous	CARL GOG	1-644
	DISEASES C	R CONDITIONS, if	any, giving				/ / / / / / / / / / / / / / / / / / /
		abave cause (A)	stating the	(C)			
	UNDERLTING	CONDITION last.					
ATION	TO THE D	FICANT CONDITIONS CEATH BUT NOT RELA	ATED TO TH	G Conchin	Jascular	andut &	5)
		OPERATION 198 CON			20A. AUTOPSY? (Y		E-FINDINGS CONSIDERED
RTIF	7	WAS PER		William Olekanon	Permiss	LOW IN CERTIFYING	RE-FINDINGS CONSIDERED CAUSES OF DEATH?
ш.	21 A CCIDE	T WAS UNDERLYING	21.8	PLACE OF INJURY (e.g., in	autas	E DID (III in Bolting	nore City, give exact location)
	OR CONTRIBL	ITING CAUSE OF	hom	e, lorm, foctory, street, of	fice bldg., INJURY OC	CUR?	iore City, give exoct loconon/
U	DEATH (notity	medical examined	etc.	'			
	21 D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21 F. HOW	DID INJURY OCCUR?	
> I	(APPROX.)		Wh	ile At Work		•	
	22. I certify	that <u>M</u> ) (this hospital	) ottended t	he deceased from	4-43	19 65 10	<u> </u>
	that (X) (we)	lost saw the decease	d olive on	/ 6	19 6 6	_ond that in (XDV) (our) o	plnion death occurred on the de
	and hour one	from the causes sto	ted obave. (	) (We) (did) (did not) v	iew the hady after	death.	
	23A. SIGNATU	A		, , , , , , , , , , , , , , , , , , , ,		4001111	238. DATE SIGNED
		WILLIA	11-	MO S MD AH	ending Med.	Stolf _	1 = 3 -1 /-
		1.11000	cox.	Phy	mding Med. Direct	or Phys.	1-1-60
-	23C. PHYSICIA NAME (T				23D. ADDRESS	3 1 1	1
	AMINIE /	J. MUNZN	ap w n	M.D.	South.	15AL to 6 m	- Hoop
44	BURIAL CRE	MATION, 24B. DATE		AME of CEMETERY OF CRE	MATORY	24D. LOCATION	(City, town, or county) (State)
	MOVAL (	pecify		VI WELLEN OF WA			
1	Busi	al 1 - 7 -	- 66			Bethesda, Man	ryland
5A	DATE REC'D	BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	25C. FUNERAL D	IRECTOR	ADDRESS
	JAN 1	1 1900 ( Cole	D. S. C.	SASPENT OF THE SASPEN	Raliest	F Pumale	2000
/\$ 1	50-REV. 1/1/6	55	1 6 /	A A A	0 0	- Julian	sury.
					1 1 1 1		5 A



		BALTIMORE CIT	Y HEALTH DEPARTMENT		66 00001
BIRTH NO.	, 0.1221	CERTIFICA	TE OF DEATH	Registered No.	66 00221
1. NAME OF DECEASED	Market .		2. DATE	AND HOUR OF DEATH	
Mary Horte				1-7-66	5:50
3. PLACE OF DEATH IN BALT	MORE, MARYLAND	-	4. USUAL RESIDENCE (VA. STATE B. CO	here deceased lived. If i	institution: residence before admis
HOSPITAL OR oddres	in hospital or institutions or location)	ion, give street	Maryland	auteide city limits unite	RURAL and give township)
INSTITUTION			Baltimore	outside city minis, wife	27-28
0				(If rural, give location)	0.100
1105 E. Fay	ette Stre	et	1270 Merie	ian Drive	
5. SEX 6. RACE	7. MAR	RIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Months: Doys Hours Mi
P W	W	idowed (specify)	Jun 1.1882	lost birthdoy) 83	Months Doys Hours Mi
OA. USUAL OCCUPATION (Give	kind of work 10B, KIN	D OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or f		12. CITIZEN OF
done during most of working life, ev	en if retired)	A.A. II a	Wooh D	C	WHAT COUNTRY?
Housewife  13. FATHER'S NAME		At Home	Wash. D.		0 5 A
				1000	
Walter H	erten	19.4	Mary Kurr	hy	
Yes, no or unknown) (If yes, give	wor or dotes of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No			Mrs. John	Carev 12	70 Meridan D
18. 4491XI		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CON			1)	6.	ONSEI AND DEATH
LEADING T		e.g., (A)	Proudutysum	mound	3 days
heart foilure, asthenia, etc	. Il meons the dise				
injury or complication wh		-	,		
ANTECEDEN	T CAUSES	DUE TO	***************************************	1000 = 0 = 0 = 0 = 0 = 0 = 0 = 0 = 0 = 0	·
nise la lhe abave c		. *			
UNDERLYING CONDITIO		rne (C)	***************************************	)************************************	
O OTHER SIGNIFICANT CON	DITIONS CONTRIBL	ITING DEALER	1/1 1		Δ
DISEASE OR CONDITION	NOT RELATED TO	THE	Minhu Eloli.	on	Surrod zur
19A. DATE OF OPERATION	198. CONDITION F	OR WHICH OPERATION	204 AUTOPSY? IYes or	No) 208. IF YES, WERE	FINDINGS CONSIDERED
19A. DATE OF OPERATION			10 MD	III CERIITING CA	AUSES OF DEATH!
OR CONTRIBUTING CAL	DERLYING	21B. PLACE OF INJURY (e.g., home, form, foctory, street,	in or about 21 C. WHERE DID	(If in Boltimo	re City, give exact location)
DEATH (notify medical exam	niner)	etc.)			
O 21 D. TIME (Month) (D	oy) (Year) (Hour)	21E, INJURY OCCURRED	21 F. HOW DID I	NJURY OCCUR?	
S OF INJURY		While At Not Whi			
		Work At Work		100	20.
22. I certify that (I) (thi		A /	1 / /	1905 10	1 //
that (I) (we) lost sow th	e deceased alive	on Jym	19 (5/2 ond	that in (my) (our) op	inton death occurred on the
ond hour ond from the c	ouses stated abov	e. (1) (We) (did) (did not)	view the body ofter deot	h.	
23A. SIGNATURE	0//100				23B. DATE SIGNED
	Hulla	M.D. At	tending Med. Director	Stoff Phys.	7 4m66
23C. PHYSICIAN'S	111111111111111111111111111111111111111		23D. ADDRESS		70
NAME (Type)	J Hull	9 M.D.		Etayell	21231
24A. BURIAL CREMATION, 241 REMOVAL (Specify)	3. DATE 24	C. NAME of CEMETERY of CR	REMATORY 24D.	LOCATION /	ity, town, or county) (Stat

REGISTRAR 258. NAME OF

1966

1 10

Burial

Cedar Hill

Brooklyn, A. Co. Md.

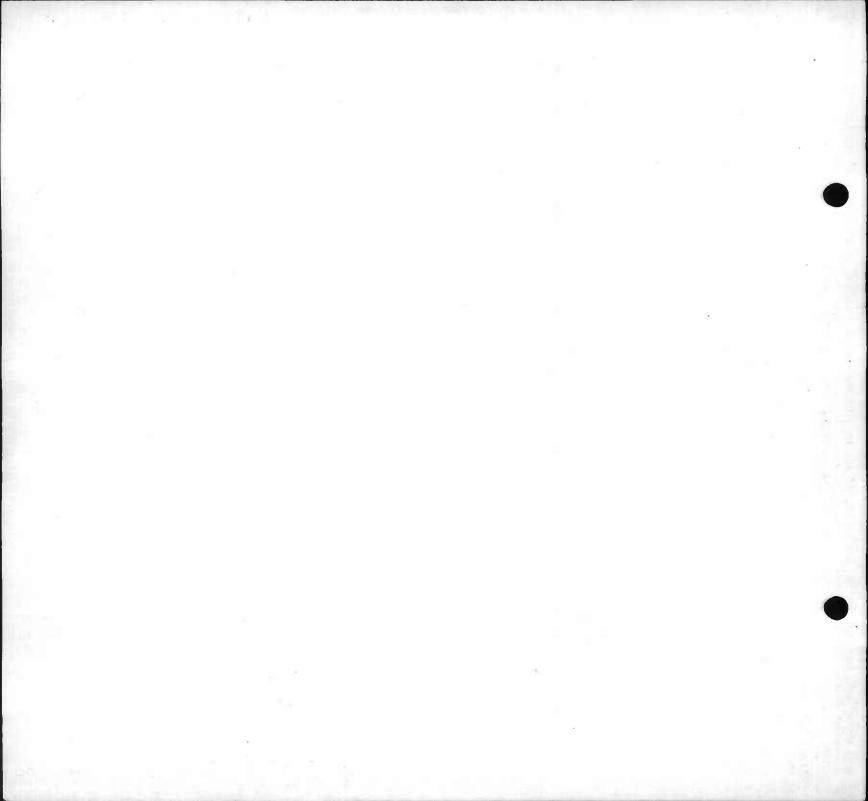
130E, Jollins DIRECTO

en ... a star to gomethy and

## FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

T	111 11 21 1	BALTIMORE CITY	HEALTH DEPARTMENT	2 - 24 - 54	P - Pi-Doop
	RTH NO. 1 WONT & MINES 00222	CERTIFICA	TE OF DEATH	Registered Na.	-66 00222
A	N.E. CASE NO.			D HOUR OF DEATH	
0	PLACE OF DEATH IN BALTIMORE MARYLAND	ARTHOR	4. USUAL RESIDENCE (Who	2/66	1 8:30 P. M.
	FULL NAME OF (If not in haspital ar institution, HOSPITAL OR address ar lacation) INSTITUTION	, give street	A. STATE B. COUN	1TY	RURAL and give township)
1	UNIVERSITY HOS	PITAL_	D. STREET ADDRESS (IF	rural, give location)	35-00
5		D, NEVER MARRIED SED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min.
	DA. USUAL OCCUPATION (Give kind of work 108, KIND	OF BUSINESS OR INDUSTRY		ign country)	12. CITIZEN OF
d	one during most of working life, even if retired)	April 1997 Control of the Control of	MD.		WHAT COUNTRY?
1	3. FATHER'S NAME	1	14. MOTHER'S MAIDEN NA	ME	
1	HAROLD EUGENE	LAUGHERY	JEAN	ELAINE	HOMPSON
0	i. Was Deceased Ever in U. S. Armed Farces? es,na ar unknawn) (If yes, give war ar dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	2	ADDRESS
-	18.	CAUSE O	LAIKE	F 61	REENSBORD, MD.
	DISEASE OR CONDITION DIRECTLY	0	-		ONSET AND DEATH
	(This does not mean the made of dying, e.g	DUE TO	DGENITAL	HEART	B. R. T. H
	heart failure, asthenia, etc. II means the disease injury or complication which caused death.)		DISEASE		
ı	ANTECEDENT CAUSES	DUE TO		**************************************	
	DISEASES OR CONDITIONS, if any, givin rise to the above cause (A) stating the UNDERLYING CONDITION lost.				
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
	19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes at No	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
	OR CONTRIBUTING CAUSE OF CEATH (natify medical examine)	B. PLACE OF INJURY (e.g., in ame, form, factory, street, of c.)		(If in Baltimo	re City, give exact lacation)
	21D. TIME (Month) (Day) (Year) (Haur) 21 OF INJURY	E. INJURY OCCURRED  /hile At Nat White	21F. HOW DID INJ	URY OCCUR?	
Ш	-   / A DDD ( V )	/ark At Wark		. /	1
1	22. I certify that (1) (this hospital) attended	1 \ _	1//	19.66 ta	1 2 19 66,
1	thof (I) (we) lost sow the deceased alive on	A .		not in (my) (our) op	inion deoth occurred on the dote
ı	ond hour and from the causes stated above.	(I) (We) (did) (did not) v	iew the body after deoth.		
	23A/SIGNATURE	M.D. Atte	nding Med. Director	Staff Phys.	23B. DATE SIGNED
	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		11.00
2	4A. BURIAL CREMATION, 24B. DATE 24C.	NAME of CEMETERY OF CRE	MATORY 24D, L	OCATION 40	A O S P / TH L  (State)
	Burial 1-7-65	Dreenslo	is b	hund	on me
2	SA. DATE REC'D BY HEALTH DEPT. 25B. NAME	OF REGISTRAR	25C. FUNERAL DIRECTOR	3.0'	ADDRESS 201
V	S 150-REV. 1/1/65	O C U	Januar 1	ye a way	theenstore my



Mt. Auburn Cem.

258. NAME OF REGISTRAR

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered Na.

2. DATE AND HOUR OF DEATH

Baltimore.

25C. FUNERAL DIRECTOR

66 00223

BIRTH NO.

M.E. CASE NO.

I. NAME OF DECEASED (Type or Print)

Such

shows:

Burial

VS 150-REV. 1/1/65

25A. DATE REC'D BY HEALTH DEPT.

1/11/66

. Cair 

66 00224		
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66 00224	BALTIMORE CITY	HEALTH DEPARTMENT	00 00004
BIRTH NO. M.E. CASE NO.	CERTIFICA	TE OF DEATH Registered	d No.
1. NAME OF DECEASED		2. DATE AND HOUR OF D	DEATH
(Type or Print) Alma Casewell	(Thomas)	January 7,	1966   12:15 R
Alma Casewell 3. PLACE OF DEATH IN BALTIMORE, MARYLA	ND	4. USUAL RESIDENCE (Where deceased live	d. If institution: residence before admission)
FULL NAME OF (If not in hospital or ins HOSPITAL OR address or lacation)		Maryland C. CITY OR TOWN (If outside city limits,	write RURAL and give township)
Provident Hosp		Baltimore	
29 1514 Division	Street	D. STREET ADDRESS (If rural, give locati	on)
Baltimore, Mar	yland	1149 Carrollton Ave	nue
	AARRIED, NEVER MARRIED VIDOWED, DIVORCED (specify) Seperated	B. DATE OF BIRTH  11-9-95  9. AGE (In year lost birthday)	If Under 1 Yr., If Under 24 Hrs. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10 B.	_	/ -	12. CITIZEN OF
dane during most of working life, even if retired)		Maryland	WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	U.D.A.
HENRY JOHNSON	K/	Mary C. Was	LINGTON
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no ar unknown) (If yes, give war ar dates of	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS.
No	S15-41-55 St	Evelyne Boss 3015	- DIVISION AVE
18. 33/YI	CAUSE O	F DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTL	-Y	OVA.	ONSET AND DEATH
(This does not meon the mode of dyin heart failure, asthenia, etc. It means the injury or complication which coused deat	disease,		
ANTECEDENT CAUSES	(B)	***************************************	
DISEASES OR CONDITIONS, if any, rise to the obove couse (A) stati UNDERLYING CONDITION last.			
11			
OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.			
	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, IN CERTIFYIN	WERE FINDINGS CONSIDERED G CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	1015 01 02 02 01		
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., i hame, farm, factory, street, a etc.)	fice bidg., INJURY OCCUR?	altimare City, give exact location)
21D. TIME (Manth) (Day) (Year) (Ha	ur) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.)	White At Nat While At Wark		
22. I certify that (I) (this haspital) att	ended the deceased from	anuary 6, 19 66 to	January 7, 19 66
		19. 66 and that in(my) (ou	r) opinion deoth occurred on the dote
and hour and from the couses stated a	bove. (1) (We) (did) (did nat) v	view the body ofter deoth.	
23A. SIGNATURE	0 1		23B, DATE SIGNED
L' FEREOC	Phy		1-1-66
23C. PHYSICIAN'S NAME (Type)	HEADERT M.D.	23D. ADDRESS 1514 Division	St.
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CR	70	(City, town, or county) (State)
REMOVAL (Specify)	Arbitus M.	1 1 1	e mal

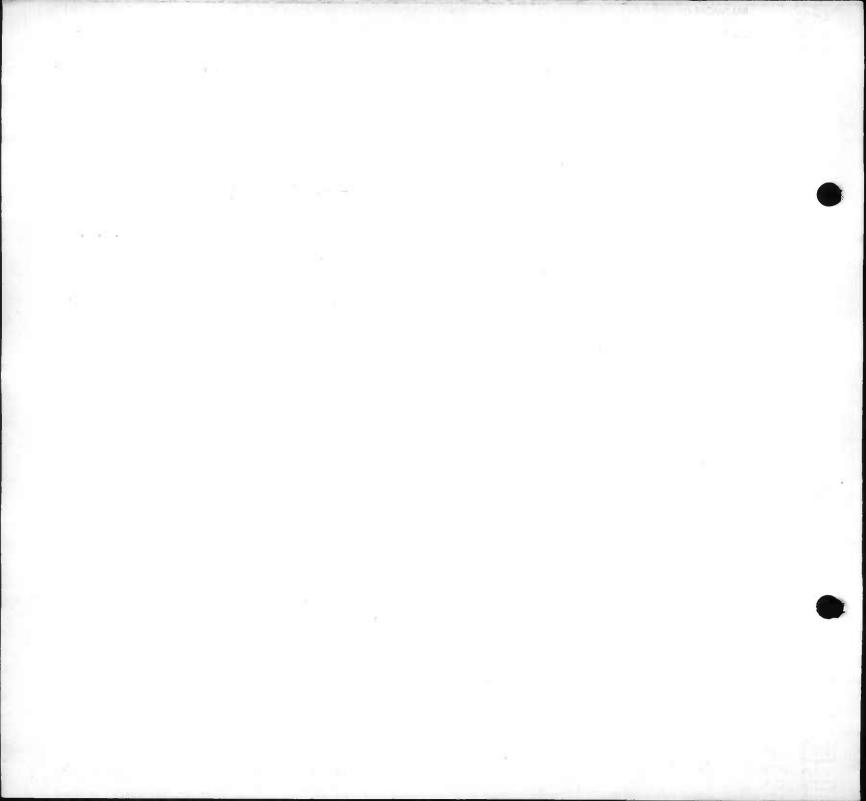
25A. DATE REC'D BY HEALTH DEPT.

25B. NAME OF REGISTRAR

ADDRESS

1966 VS 150-REV. 1/1/65

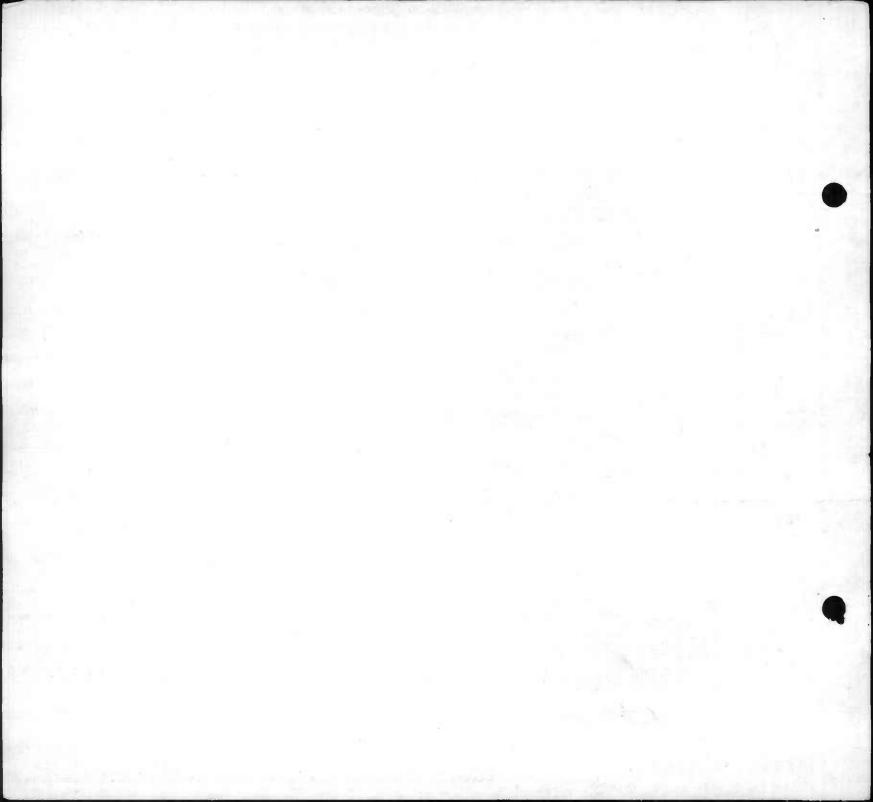
25C. EUNERAL DIRECTOR



			BALTIMORE CIT	Y HEALTH DEPARTMENT		00005
BIRTH NO. M.E. CASE NO.	66 002	25	CERTIFICA	ATE OF DEATH	Registered No	00225
1. NAME OF DE	MARY SHIPL	EY		2. DATE Jar	AND HOUR OF DEAT	1945
FULL NAME	ATH IN BALTIMORE, MA	or institution, give	street	A. STATE B. CO Maryland	here deceased lived. If	institution: residence before admiss
HOSPITAL OR INSTITUTION	1416 N. Bru			Baltimore		RURAL and give township)
				1416N Bru	-	
s. sex Female	6. RACE Negro	7. MARRIED, NEV WIDOWED, DI WIDOWED	VORCED (specify)	June 5,1905	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Months Days Haurs Mi
	UPATION (Give kind of working life, even if retired)	10B. KIND OF BUS	INESS OR INDUSTR	Y 11. BIRTHPLACE (Stole or for Maryland	oreign country)	12. CITIZEN OF WHAT COUNTRY? U.S.A.
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN N	AME	
Fran	k Warfield			Ella Sn	nowden	
Yes, no or unknow	d Ever in U. S. Armed Fo n)(If yes, give war ar date		SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No				Margaret Wa	rfield 1	30 N. Mount St
OTHER SIGN	OR CONDITIONS, if the above couse (A) G CONDITION last.  III IIIFICANT CONDITIONS ( DEATH BUT NOT REL CONDITION CAUSING	Sloling the	CO	ssculp Insutt	10/12406	
		DITION FOR WHIC	H OPERATION	20 A. AUTOPSY? (Yes, or		FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF y medical examiner)	21 B. PLA home, fo	CE OF INJURY (e.g., orm, factory, street,	in ar about 21C. WHERE DID affice bldg., INJURY OCCUR?	(II in Baltimo	are City, give exact location)
21 D. TIME OF INJURY (APPROX.)	(Month) (Day) (Year)	(Hour) 21 E. INJ While A Work	URY OCCURRED  Not Wh		NJURY OCCUR?	
	that (1) (this hospita ) last saw the decease		DAH. &	ECPNBER and	that in (my) (aur) ag	ANGARY 6 1966 Dinlan death accurred an the
23A. SIGNAT	Fed L. Ce	Sanpel	M.D. AI	tending Med. Director	Stoll Phys.	23B. DATE SIGNED
SILB	ERT L. DA	MAIELD	M.D		N. Tuo	ton the
REMOVAL	Specify)		of CEMETERY of CI	1		City, tawn, or county) (Stat
Burial	1/10/	298. NAME OF RE	Auburn Ce	25C. FUNERAL DIRECTO	Baltimora,	, Md.
JAN	10 1966 (17,2	J. E. 100	C	Stores &	Kalen 1348	N. Caller St
/C 150 DCV/ 1/1	1 E	2 02	The state of the s		* 8	



BIRTH NO.	MED	ICAL EXA	MINER'S C	ERTIFICATE OF	DEATH Registe	red No. 10226
M.E. CASE NO.						
1. NAME OF DE	ECEASED	43 /		2. DATE AN	D HOUR PRONOUNC	ED DEAD
(Type or Print)	CHRIS JONES				ary 8, 1966	3:55 A N
	LTIMORE, MARYLAND, W			4. USUAL RESIDENCE (Where A. STATE Maryland	deceosed lived. If inst	titution: residence belore odmissio JNTY
FULL NAME OF	ADDRESS OR LOCA	AL OR INSTITUTIO	N. GIVE STREET	C. CITY OR TOWN (If outside	corporate limits, write	RURAL and give township)
INSTITUTION	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Baltimore		4-03
Provid	ent Hospital			D. STREET ADDRESS (If rurol, 2229 Penr	give locotion) nsylvania Av	7e.
5. SEX	6. RACE	7. MARRIED, NE	VER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	II Under 1 Yr. If Under 24 Hr
male	negro	WIDO WED, DIVE	Divorcal	Aug 29, 1912	lost birthday)	Months, Doys, Hours, Min.
	CUPATION (Give kind of wor	TOB. KIND OF BU	SINESS OR INDUSTR	Y 11. BIRTHPLACE State or foreig	n country)	12. CITIZEN OF
done during most of	f working life, even il retired)			V		WHAT COUNTRY?
13. FATHER'S NA	AAE			14. MOTHER'S MAIDEN NAM		4. 1.4.
J. FAIREKS NA	INIE .			14. MOTHER'S MAIDEN HAM		
Arc	her JONE	25		Olivia V	ONES	
	SED EVER IN U.S. ARME		SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknow	(If yes, give wor or dot	es of service)	SECURITY NO.	-		, - , , ,
				Vernme Joxe	s 15551	V. FUITON AVE
1B C	ROY		CAUS	E OF DEATH		INTERVAL BETWEEN
7	o or VI					ONSET AND DEATH
DISE	ASE OR CONDITION D	RECTLY				
	LEADING TO DEATH		(A)Stab w	ound of abdomen		
heart foilur	not mean the mode of re, osthenio, etc. It mean complication which coused	dying, e.g., the discose,	DUE TO			
injury or c	complication which coused	deoth.)				
	ANTECENDENT CAUS		(B)			
	GOR CONDITIONS, IF A		DUE TO			
	ING CONDITION LAST.	TAINO INE				
Z			(C)			
0	li li					
OTHER SIGN TO THE	GNIFICANT CONDITIONS	CONTRIBUTING				THE RESERVE OF THE PERSON OF T
O THE	DEATH BUT NOT RE					
	OR CONDITION CAUSIN	G IT.		••••••		
LUI	F OPERATION 198. CON		CH OPERATION	20A. AUTOPSY? (Yes or No)		
0	WAS PE	RFORMED		770.0	IN CERTIFYING CAU	SES OF DEATH?
ZIA. EXTERN	AL CAUSE WAS	21R. PL A	CE OF INJURY (e.g.	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore City, gi	ve exact (acation)
	EXIOR CONTRIB-	home, fo	orm, foctory, street,	office bldg., INJURY OCCUR?		
UNDERLYING UTING CA	USE OF DEATH.	etc.)	street	2229 Pennsy	Ivania Ave.	
Z 21D TIME	(Month) (Doy) (Yes	r) (Hour) 21 E.	INJURY OCCURRED	21F, HOW DID INJU		
OF INJURY		:20 Am. WHII	LE AT NOT	WHILE Stabbed in	abdomen	
22,						
	ertify that I held an		_		is basis, death in r	
resi	ulted fram: Natural co	uses Accl	Ident Suicio	de 🗌 Hamicide 🗴 l	Indetermined mann	er
		. 9	> ()	CHIEF MEDICAL EX	AMINED	
ACTU	AI / //	malle	Like			DATE SIGNED
SIGNA			) M. C	ASSISTANT MEDICAL EX	AMINER LX	1-8-66
	INER'S			ASSOCIATE MEDICAL EX		1-0-00
NAME	(Type) / Rudiger		cker, M/D.			
23A. BURIAL CE REMOVAL (Spec	REMATION, 23B. DATE	23C. N	IAME OF CEMETERY	er CREMATORY 23D. L	OCATION (City	, town, or county) (State)
R	1 1-15 -	66 /	1110/11	pt 1	uvec/ h	71
244 DATE BEC	D BY HEALTH DEPT.	24B, NAME OF	DECISTRAP	24C. FUNERAL DIRECTOR	2012 /	ADDRESS
ZAM. DATE REC	D DI HEALIN DEFI.	240 HAIVE OF	NEO/JINAK	ZIG. POWERAL DIRECTOR	. 1	ADDRESS
JAN	1 0 1966 1	2 12 E. F	A. March	Avege A. Le	lon 13981	V. Colkern St
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	00 009	320	BALTIMORE CIT	Y HEALTH DEPARTMENT		0 000098
BIR	TH NO. 66 00%	468	CERTIFICA	TE OF DEATH	Registered Na	6 00228
1.1	E CASE NO. NAME OF DECEASED PE OF PRINT FARNSAY X8	MXXKKX :	21511	2. DATE AN	D HOUR OF DEATH	
3.	PLACE OF DEATH IN BALTIMORE, MA	RYLAND	1/41	4. USUAL RESIDENCE (When		institution residence before admission)
	FULL NAME OF (If not in hospital HOSPITAL OR oddress or location	or institution, give	street	BALT I MOI	RE	11-04
	INSTITUTION			C. CITY OR TOWN (If out	side city limits, write	RURAL and give township)
1	THE JOHNS HOPK	INS HOS	PITAL	D. STREET ADDRESS (IF	rurol, give location)	
	501 N BROADWAY	21205		414 WATT	Y_COURT	
5.	MALE NEGRO	7. MARRIED, NE	VER MARRIED	5/25/13	9. AGE (In years los) bighdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work	108. KIND OF BU	SINESS OR INDUSTR	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
Gor	e during most of working life, even if retired)			Muscless		1150
	FATHER'S NAME			14. MOTHERS MAIDEN NAM	AE OADAS	- 10.377.
	EDWARD SNELL			JACKSON	SADIE	
	Was Deceased Ever in U. S. Armed For		SOCIAL	17. INFORMANT		ADDRESS
(Ye	s,no orunknown) (If yes, give wor or dote	es of service)	SECURITY NO.	F/ d	1/ 1/11/	Wetter of
-	NO 18. 0 0 0 1 1		CAUSE C	OF DEATH	1 7110	INTERVAL BETWEEN
	DISEASE OR CONDITION DI	RECTLY	2			ONSET AND DEATH
	LEADING TO DEATH		(A) him	phosorome the	mhoatic	Change Zur
	(This does not mean the mode of heart failure, asthenia, etc. It means		DUETO	The section of the se	1 0	1
	injury or camplication which caused					
	ANTECEDENT CAUSES		DUE TO	**************************************	O worshift the sec sec sec sec sec sec sec sec sec se	
	DISEASES OR CONDITIONS, if		(C)			
	UNDERLYING CONDITION last.	stating the	(0)			
_	- 11					
0	TO THE DEATH BUT NOT RELA	ATED TO THE				
CAI	19A. DATE OF OPERATION 198. CON	IT.	CH OPERATION	20A. AUTOPSY? (Yes or No	208 IF YES WED!	E FINDINGS CONSIDERED
CERTIFICATIO	WAS PER		CH OTERATION	VEC	IN CERTIFYING C	AUSES OF DEATH?
CER	21A. ACCIDENT WAS UNDERLYING	21 B. PL.	ACE OF INJURY (e.g.,	in or about 21 C. WHERE DID	(If in Boltime	ore City, give exact location)
A A	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home,	form, factory, street, o	office bldg., INJURY OCCUR?		
DIC	21D. TIME (Month) (Doy) (Year)	(Hour) 21 E. IN	JURY OCCURRED	21F. HOW DID INJ	JRY OCCUR?	
AE	(APPROX.)	While	At Not Wh	ile 📉		
	22. I certify that ( (this hospita	Work	At Work	- h	9 64 ta /	19 1966
	that (I) (we) last saw the decease		119			nion death accurred an the dote
	ond haur and fram the couses sta	ted above. (I)	We) (did) (did nat)			
	23A. SIGNATURE				C	23 B. DATE SIGNED
	Aypence	~	M.D. At	tending Med. Director	Stoff Phys.	1191106
	23C. PHYSICAN'S NAME (Type)			23D. ADDRESSOUT N	BROADWAY	21205
	J.K. SP	evcer	M.D.	Justus Hor	KINS K	OSP
24.	A. BURIAL CREMATION, 248. DATE	24C. NAM	E of CEMETERY or CE	REMATORY 24D. LO	CATION	City, town, or county) (State)
15	Burial 1-13-	66 mt	Auburn	, com B	4 Himo	re md.
25	A. DATE REC'D BY HEALTH DEPT.	258. NAME OF		25C. FUNERAL DIRECTOR	1-0	ADDRESS
	JAN TO 1900 (15.16)	100 c. 700	Way Co	1 Ale 20 1	belo- 13	48 N. alkon of

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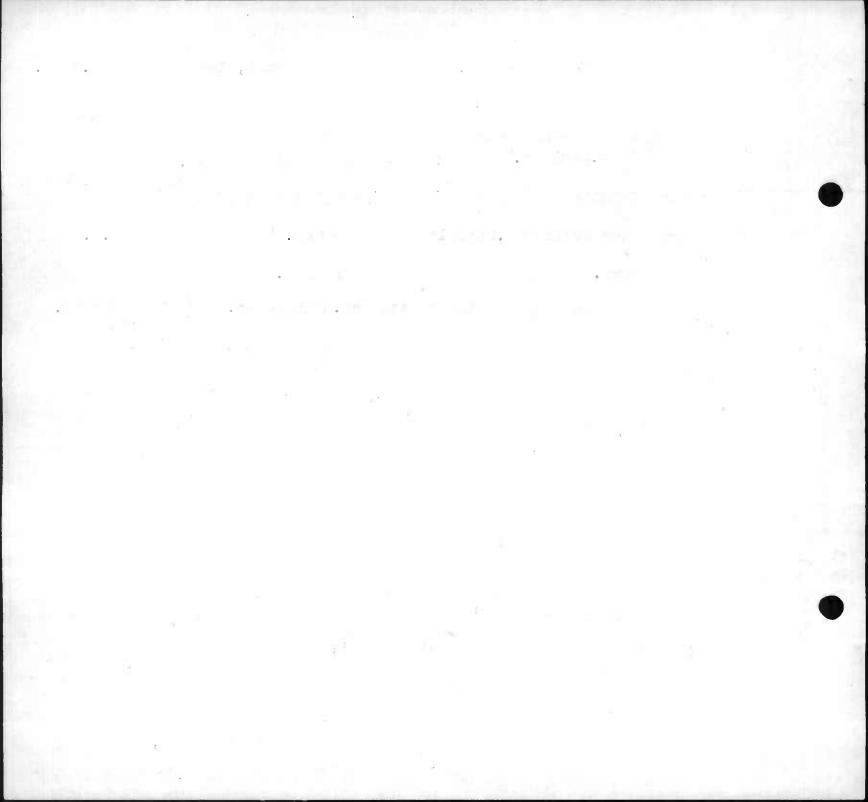
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**BALTIMORE CITY HEALTH DEPARTMENT** Registered No. 66 111220 CERTIFICATE OF DEATH RIPTH NO M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) Jan 6, 1966

4. USUAL RESIDENCE (Where deceased lived, If institution; residence by Elizabeth Dennis 9.30 3. PLACE OF DEATH IN BALTIMORE MARYLAND B. COUNTY Maryland FULL NAME OF (If not in hospital or institution, give streat address or location (If outside city limits, write RURAL and give township INSTITUTION Baltimore Midtown Nursing Home D. STREET ADDRESS (If rural, give location) 808 St. Paul St. Williston St. is mad 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In veors If Under 1 Yr. It Un 5. SEX R. DATE OF BIRTH It Under 24 Hrs. WIDOWED, DIVORCED (specify) last birthday! TEMBLE | WILTO | WICHOW | April 16/79 85 12. CITIZEN OF disposition done during most of working life, even it retired) WHAT COUNTRY? Retired Char Woman Germany.

14. MOTHERS MAIDEN NAME U.S. Md.Casualtv 13. FATHER'S NAME Unknown .

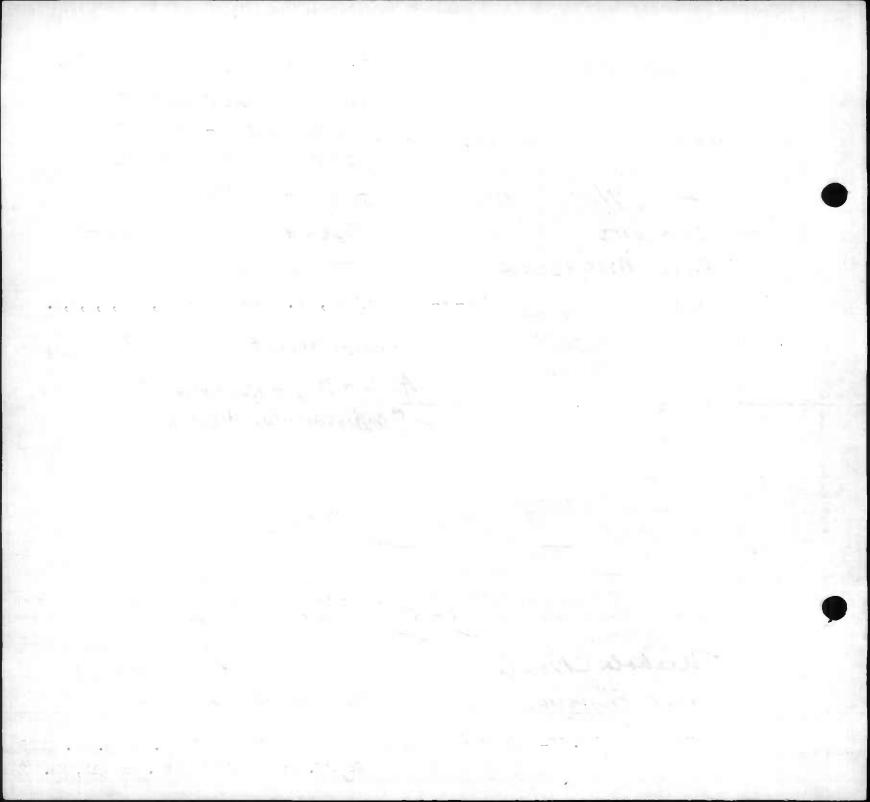
15. Was Deceased Ever in U. S. Armed Forces? Unknown. ADDRESS 6. SOCIAL final (Yes, no or unknown) (If yos, give wer or dates of service) SECURITY NO. 8336 Mrs. Ella Keves. 47 Williston St. no 10 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which coused death.) ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if ony, to the above couse (A) stating the the remains UNDERLYING CONDITION lost CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19 A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED before 21 A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (o.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bidg., INJURY OCCUR? (It in Boltimore City, give exact location) DEATH (notify modical examiner) etc.) MEDIC obtained 21 D. TIME (Month) (Doy) (Your) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While OF INJURY While At (APPROX.) Work At Work 22. I certify that (I) (this hospital) attended the deceased fram pe 19.6 and that in (my) (aut) opinion death accurred on the date must and have and from the causes stated above. (1) (We) (with all of not) view the bady after death. 23A. SIGNATURE 238, DATE SIGNED Attending Phys. Med. Stoff Director approval Phys. 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 24A. BURIAL CREMATION. 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) written 1/10 /66 Loudon Park Frederick Rd.Md 25A, DATE REC'D BY HEALTH DEPT. 2SB. NAME OF REGISTRAR 2SC. FUNERAL DIRECTOR ADDRESS



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such

	00 00030	BALTIMORE CITY	HEALTH DEPARTMENT	1	66 00000
	BIRTH NO. 66 UUZOU	CERTIFICA	TE OF DEATH	Registered No	00 00230
	M.E. CASE NO.  1. NAME OF DECEASED	ODITION O		D HOUR OF DEATH	
made.	(Type or Print) 1/2 holds Rise	(Rose C			745-1.
	3. PLACE OF DEATH IN BALTIMORE MARYLAND		. / 6		stitution; residence before admission)
		CERTIFICATE OF DEATH  Registered No.  (Rose Ohrablo)  (Rose Oh			
		on, give street	mD (	SALTIMO.	RE
1	INSTITUTION		C. CITY OR TOWN (If outs		
24	ILMINERCITY OF MARY	LAND HOSPITA	0 1761 2	DEATH  Registered No.    2. DATE AND HOUR OF DEATH	
2	C/VV C E D S V / · · · · · · · · · · · · · · · · · ·			DEATH  Registered No.  2. DATE AND HOUR OF DEATH  2. DATE AND HOUR OF DEATH  2. COUNTY  RESIDENCE IWhere decessed lived. If institution: tesidence before admission)  8. COUNTY  TOWN (If outside city limits, write RUBAL and give township)  ACT 22 — Dundalk 21222  ADDRESS (If rurol, give location)  8. COULD AND AND  BIRTH  9. AGE (In years lost biddy)  ACE (Stole or foreign countily)  12. CITIZEN OF  WHAT COUNTRY?  CHOSLOVAK, A  PS MAIDEN NAME  Not known  ANT  ADDRESS  INTERVAL BETWEEN  ONSET AND DEATH  2. HAULE  ASCULA AUSCASE  ASCULA AUSCASE  OPPSY? (Yes or No.)  208. IF YES, WERE FINDINGS CONSIDERED  IN CERTIFYING CAUSES OF DEATH?  C. WHERE DID  IN CERTIFYING CAUSES OF DEATH?  E. HOW DID INJURY OCCUR?  19. C. ond that fn (my) [perc) opinion death occurred on the date by after death.  238. DATE SIGNED	
o p	5. SEX	APP MENTE MARRIED			
20					
IS	Female White	11-	8/4/74	1/	
	done during most of working life, even if refired)	OF BUSINESS OR INDUSTRY			
ţ.	HOUSE WIFE		(ZECHOSL	OVAKIA	USA
osi	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	A E	
disposition	DAM MICHIONIC		Not Ime	7 990	
	15. Was Deceased Ever in U. S. Armed Forces?		0,0	MII	ADDRESS
final	(Yes, no ar unknown) (If yes, give war or dates of servi	ce) SECURITY NO.		h2 Ob12	
	100			nael Unrabl	
0	18.443XI	CAUSE O	F DEATH		
ס	DISEASE OR CONDITION DIRECTLY	Ca	MIDO armit	_	2 1 6
E	(This does not mean the mode of dying,	e.g. DUF TO	aut - reci	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	, nour
palmed	hearf failure, osthenio, etc. It meons the dise	000			
E	injury or camplication which caused death.)	101 /15	CAD, HU	Der tensure	710 years
0		DUE TO	announce of the second of the	v to til till till til til til till till	······
are	DISEASES OR CONDITIONS, if ony, gir rise to the above couse (A) stating	ing the	Wide Vascular	disease	
	UNDERLYING CONDITION lost.		***************************************		
9	II -				
E	O THE DEATH BUT NOT RELATED TO				
-	DISEASE OR CONDITION CAUSING IT.				
the remains	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	IN CERTIFYING CAL	INDINGS CONSIDERED JSES OF DEATH?
9	E E	[030 01 4 02 02 11 11 11 11 11 11 11 11 11 11 11 11 11	NO		
efore	OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., i home, form, foctory, street, o	ffice bldg., INJURY OCCUR?	(If in Boltimoie	City, give exoc! locotion)
٩	DEATH (notify medical examiner)	etc.)			
ained	OF INJURY (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?	
·Ξ	(APPROX.)	White At Not While At Work			
bto	22. I certify that (I) (this hospital) attend		1 1 1 1 1	0 (( 10 7	: 6- 10 46
0	that (I) (we) last sow the deceosed olive	1	**************************************		
pe				it in (my) Lear) opii	nion deorn occurred on the dote
ıst	ond hour ond from the causes stoted obov	B. (1) Liver (did) (did not)	view the body after deoth.		DOD DATE CICHED
must	-11 1 1 1 1 1	M.D. AH	ending Med.	Stoff -	23B. DATE SIGNED
0	9/0766		s. Director	Phys.	1-6-66
0	PAME (Type) NICholAS C	Bosch	23D. ADDRESS		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
approval	KYLE SWISHER	M.D.	190 CUATAI	m KD,	ELLICOTI CLTY
	24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily)	C. NAME of CEMETERY OF CR	EMATORY 24D. LO	CATION (Ci	y, lown, or county) (State)
9		77. 3		00 5 3 : -	
#	25A, DATE REC'D BY HEALTH DEPT. 25B, NA/	Holy Redeemer	25C. FUNERAL DIRECTOR	30 Belair Ro	d. Balto Md. 21213
written	JAN 1 0 1966 ( 0 0 8- 8	For Standing in			re. Dundalk, Md. 22
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BALTIMORE CITY HOSPITALS

BALTIMORE CITY HEALTH DEPARTMENT

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Davidson I	M.			
Registered	140	(11)	(3)	123

If Under 24 Hrs.

Hours

12. CITIZEN OF

WHAT COUNTRY?

U.S.A.

M.E. CASE NO.	66 00231	CERTIFICATE OF	DEATH	Registered No.
I, NAME OF DECEASED			2. DATE AND	HOUR OF DEATH
(Type or Print)	A DETAIL OF THE POST OF THE		1	1-1

		JOSE	PH	ANDRZ	EJEWSKI
PLACE	OF	DEATH	IN	BALTIMORE	, MARYLAND

FULL NAME OF HOSPITAL OR

INSTITUTION

1/5/66 6:00P N
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) B. COUNTY

A. STATE (If not in hospital or institution, give street

C. CITY OR TOWN (If outside city limits, write RURAL and give township

D. STREET ADDRESS (If rurol, give location)

3131 ELLIOTT ST.

B. DATE OF BIRTH 5. SEX 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. Months Doys WIDOWED, DIVORCED (specify) lost birthdoy) WHITE MARRIED

16/93 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) done during most of working life, even if retired)

Ret, Crown. Cork & Seal Co. POLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME

Not known Not known 17. INFORMANT ADDRESS 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.

No 220-03-3871 RECORDS: BCH 4940 EASTERN AVENUE CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying,

heart failure, asthenio, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, to the obove cause (A) stating the UNDERLYING CONDITION lost.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CERTIFICATIO TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

20A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 208. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?

OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) etc.)

DEATH (notify medical examiner) (Month) (Doy) (Yeor) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR?

OF INJURY Not While While At (APPROX.) At Work Work

22. I certify that (1) (this hospital) attended the deceased from that (I) (we) lost saw the deceased olive on ond that in (my) (aur) opinion death occurred on the date

and Your and from the couses stated above. (I) (We) (did) (did not) view the body ofter death.

23A. SIGNATURE	107			23 B. DATE SIGNED
Leonard	A (Luachan M.	Attending Med. Director	Stoff Phys.	1/5/66
23C. PHYSICIAN'S NAME (Type)	//	23D. ADDRESS		1 -

EASTERN AVENUE DR. LEONARD J. QUADRACCI

24A. BURIAL CREMATION, 248, DATE 24C, NAME of CEMETERY OF CREMATORY (City, town, or county) REMOVAL (Specify)

Jan-10-1966 St. Stanislaus H DEPT. |258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Jahn J. Duda 2829 Hudson St. Balto. Md. 24

VS 150-REV. 1/1/65

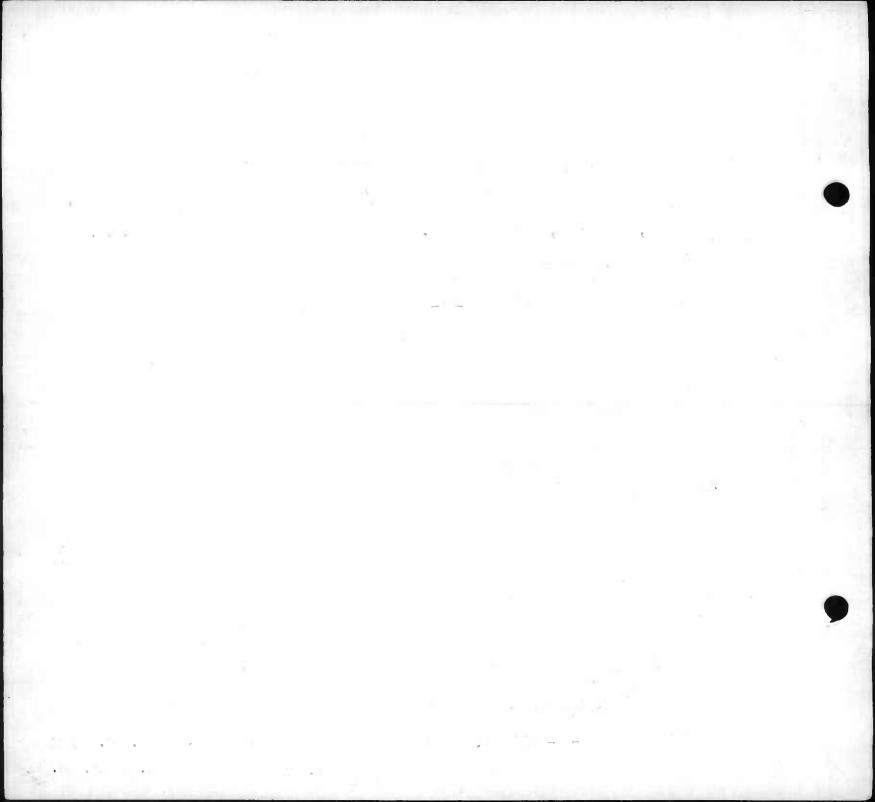
IMPORTANT DIRECTOR:

FUNERAL

was released certificate must the body

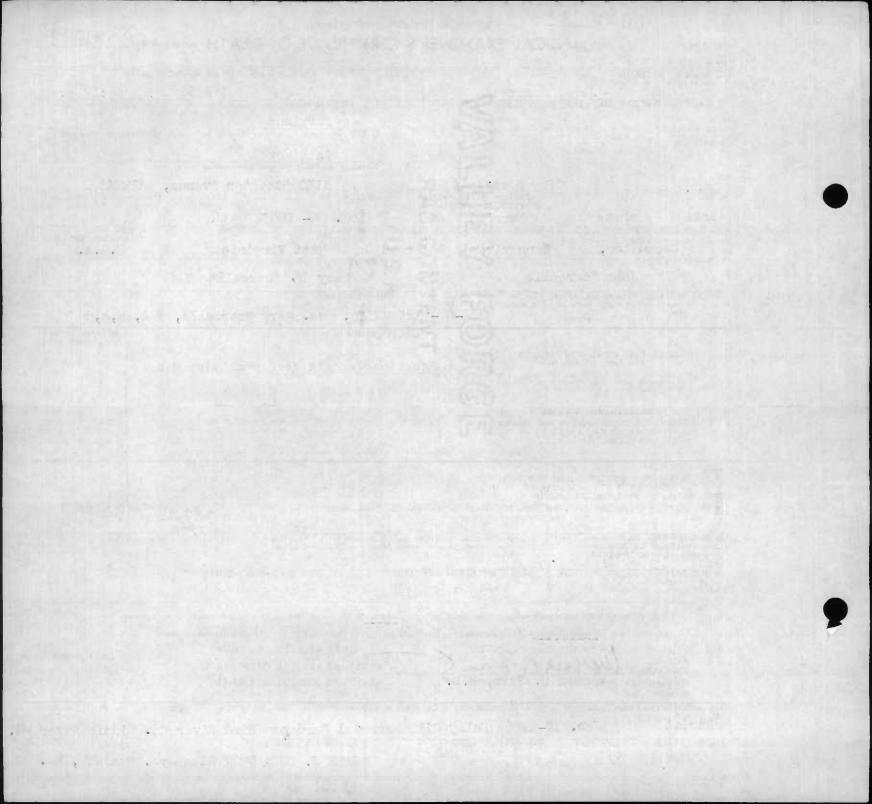
Burial

Dundalk Ave. Balto. Md. 21224

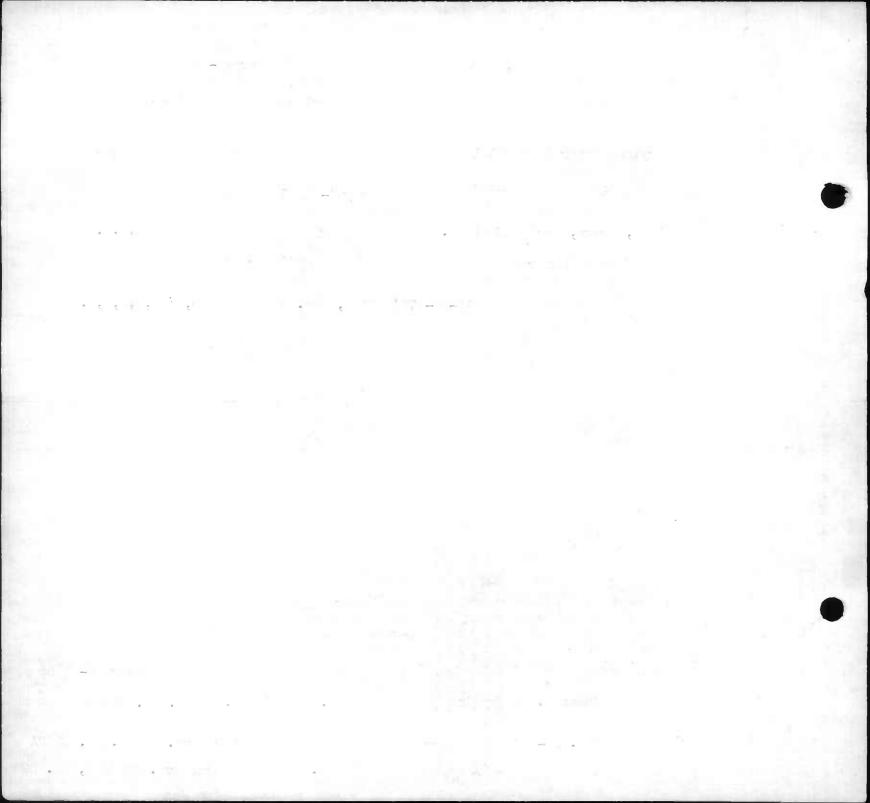


RTH NO.	MEDICAL E	BALTIMORE CITY HEALTH DEPAR EXAMINER'S CERTIFIC	TMENT  CATE OF DEATH Registered No.	6 00232
NAME OF DECEASED			2. DATE AND HOUR PRONOUNCED DEA	D
***	James Scarce	e11a	1/6/66	16.20 n

NAME OF DEC	CEASED				2. DATE AND	HOUR PRONOUNCE	D DEAD	
Type or Print)	James	Scarce1	la			1/6/66	6:20 p. M.	
	TIMORE MARYLAND, W			A. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY  Maryland				
JLL NAME OF OSPITAL OR ISTITUTION	ADDRESS OR LOCA	AL OR INSTITU	UTION, GIVE STREET	Bal	Ltimore		RURAL ond give township)	
	A Total	2 . 34		D. STREET ADDE				
SEX	6. RACE	ty Hosp		8. DATE OF BIRTH		ton Avenue,	21224	
male	white		NEVER MARRIED DIVORCED(specify) ied	Dec. 29		9. AGE (In years last birthday) 60	If Under 1 Yr. If Under 24 Hrs Months, Doys, Hours, Min.	
ne during mast of	working life even if retired)		F BUSINESS OR INDUSTR Vania Railroa		Stote or foreign		12. CITIZEN OF WHAT COUNTRY?	
FATHER'S NAM				14. MOTHER'S M.			300000	
. WAS DECEASE	D EVER IN U.S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT			ADDRESS	
	(If yes, give war or date		SECURITY NO. 234-09-8125		. Mary	Scarcella,		
1B. //	201		CAUSI	OF DEATH			INTERVAL BETWEEN	
DISEA	SE OR CONDITION DI	RECTLY					ONSET AND DEATH	
heort foilure,	LEADING TO DEATH not mean the made of , asthenia, etc. It means mplication which caused	dying, e.g., the disease,	(A) Arteri	osclerotic	cardio	vascular di	sease	
ANTECENDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.								
	NO CONDITION LAST.		(C)					
TO THE	II  NIFICANT CONDITIONS  DEATH BUT NOT RE	LATED TO 1						
19A, DATE OF	F OPERATION CAUSING F OPERATION 19B. CON WAS PER	DITION FOR	WHICH OPERATION			OB. IF YES, WERE FIN N CERTIFYING CAUS		
UNDERLYING	L CAUSE WAS OR CONTRIB- USE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., e, form, foctory, street,	in or about 21C. W office bldg., INJURY	HERE DID (III	f in Baltimore City, giv	e exact location)	
21D TIME	(Month) (Day) (Year	) (Hour) 2	TE. INJURY OCCURRED	21 F. H.C	INTINI DIN MC	RY OCCUR?		
OF INJURY (APPROX.)				WHILE				
22.	tify that I held an I	nauiry 🗍	Inspection Au	tapsy X and	that an this	basis, death in m	v apinian	
resulted fram: Natural causes X Accident Suicide Hamicide Undetermined manner								
	CHIEF MEDICAL EXAMINER							
ACTUA		1.5	m C	ASSISTANT MI			DATE SIGNED	
SIGNAT EXAMIN NAME (	NER'S Werner	U. Spikz	, M.D. M.D	ASSOCIATE M			1/7/66	
BA. BURIAL CRE	MATION, 23B. DATE		HOLLY Hill Me				rd. Middle River	
	BY HEALTH DEPT.		OF REGISTRAR	24C. FUNERA	AL DIRECTOR		ADDRESS  ve. Dundalk, Md.	
ONIT 3	r o loop alteros	7		001114 9	• DODA	I JAK WISC A	TO Dundarky Mas	
151-REV. 1/1/	/65	348	6 0 0	0 0 2	0			



BIRTH NO. M.E. CASE NO.	66 002	33		TE OF DEATH	Registered No.	66 00233
Type or Print)		ES M. B	ENNER		and Hour of DEATH	133
FULL NAME	EATH IN BALTIMORE, MA			4. USUAL RESIDENCE (W A. STATE B. COI Maryland		stitution: residence before admissio
HOSPITAL DI		oi institution,	give street	c. city or town (if Dundalk		
Mai	ryland General	Hospit	al	D. STREET ADDRESS 606 Old North	(If rurol, give locotion)  Point Road	21222
Male	6. RACE White	MESAI	NEVER MARRIED	B. DATE OF BIRTH  July 4- 1904	9. AGE (In years lost binhdoy)	If Under 1 Yr. If Under 24 Hours Min.
lone during most o	CUPATION (Give kind of work of working lite, even if retired) red, Crown, Co.			11. BIRTHPLACE (Stote or for Maryland	oreign country)	12. CITIZEN OF WHAT COUNTRY? U.S.A.
3. FATHER'S NA	George Benn	er		14. MOTHER'S MAIDEN N Lydia	Greenville	
	ed Ever in U. S. Armed For wn) (If yes, give wor or dote No	s of service)	16. SOCIAL SECURITY NO. 213-01-0714	Wife, Mrs. Cla	ara Benner, #	ADDRESS 4,a,b,c,d.
DISEASE OR CONDITION DIRECTLY						INTERVAL BETWEEN ONSET AND DEATH
OTHER SIG	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving tise to the obove couse (A) stoling the UNDERLYING CONDITION last.  COMMERCIANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			lung.		
SET O	198. CONDITION FOR WHICH OPERATION WAS PERFORMED			NO	No. 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
OR CONTRI	ENT WAS UNDERLYING BUTING CAUSE OF fy medicol exominer)	PLACE OF INJURY (e.g., in ne, form, foctory, street, of )	fice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)	
21D. TIME OF INJURY (APPRDX.)	21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED OF INJURY			21F. HOW DID II	NJURY OCCUR?	)
that (I) (we	y that (I) (this hospital a) lost sow the deceose and from the causes stat	d olive on	Jun 7	196 ond		nion death occurred on the
23A. SIGNAT	TURE QUE	Poper	her M.D. Atte	ending Med. S. Director	Stoff Phy s.	Jamuary 8- 1966
NAME	(Type)	. Т. Но		205 W. Lanval	le St. Balto.	Md. 21202
	odiica E		•			
Burial CE	REMATION, 248, DATE	24c.N	AME of CEMETERY of CRE  Oak Lawn  OF REGISTRAR		Eastern Ave.	Balto Md 2122



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VS 150-REV. 1/1/65

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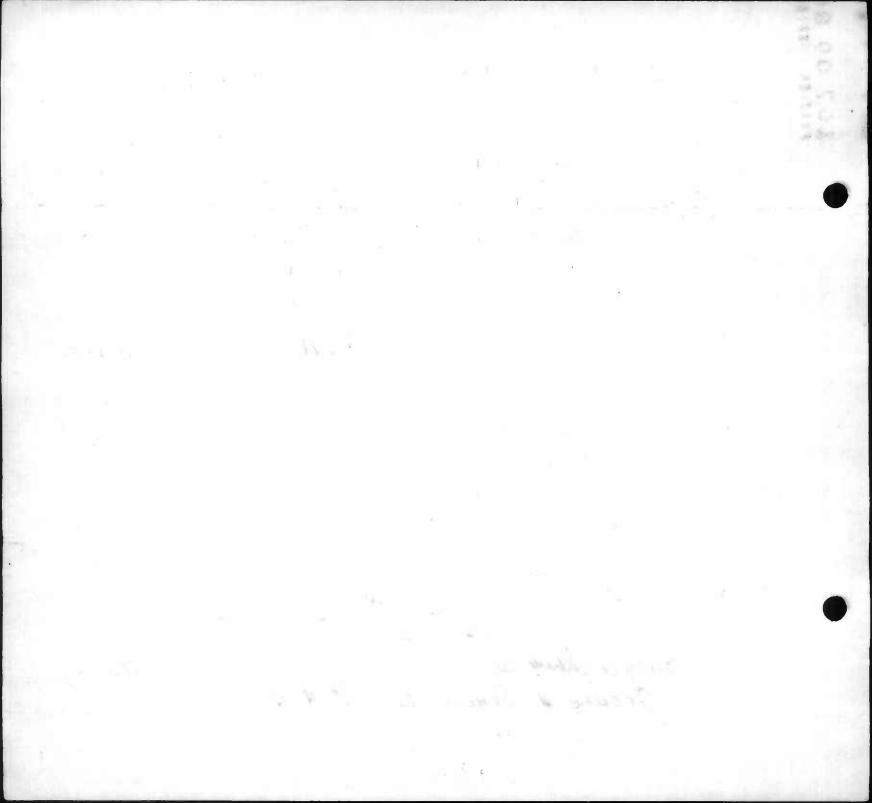
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BALTIMORE CITY HEALTH DEPARTMENT

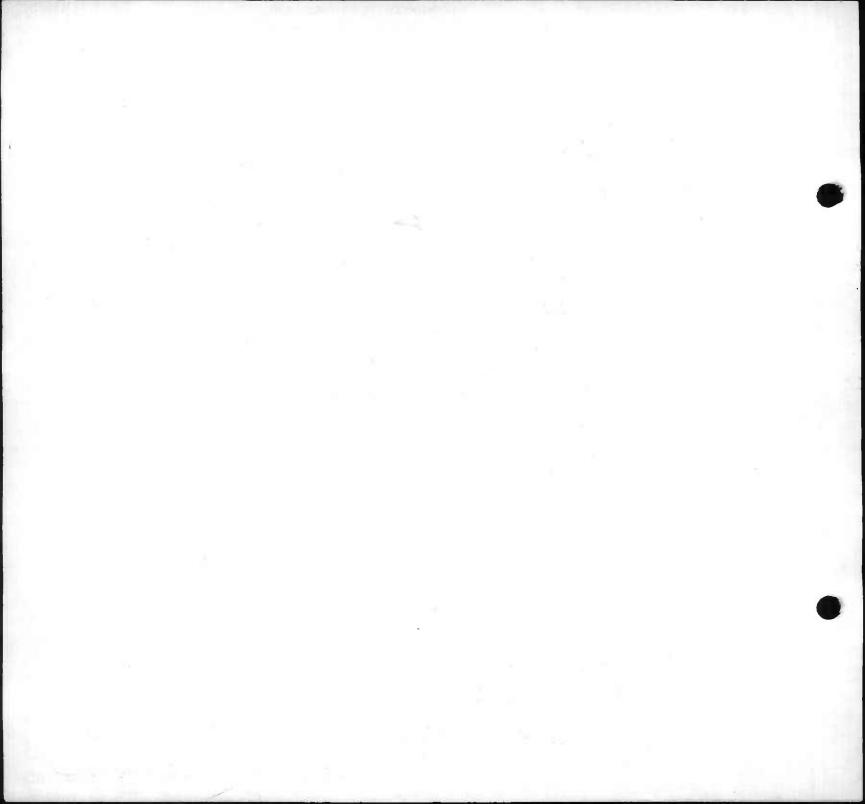
Registered No. RIRTH NO. CERTIFICATE OF DEATH CASE NO. LNAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type of Print) MARIAN E. FR.

3. PLACE OF DEATH IN BALTIMORE, MARYLAND FRAZIER 66 USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) B. COUNTY (If not in haspital or institution, give street FULL NAME OF MARYLAND C. CITY OR TOWN HOSPITAL OR address or location) (If autside city limits, write RURAL and give township) INSTITUTION BALTIMORE
D. STREET ADDRESS (If rural, give location) THE JOHNS HOPKINS HOSPITAL BRENTWOOD AVENUE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. WIDOWED, DIVORCED (specify) Haurs FEMALE NEGRO WIDOWED 12-1-00 BIRTHPLACE (State or foreign country 12. CITIZEN OF done during most of working life, even if relired) 13. FATHER'S NAME ennie CI IS. Was Deceased Ever in U. S. Armed Farces 6. SOCIAL ADDRESS (Yes, na ar unknawn) (If yes, give war ar dates of service) SECURITY NO. 218-36-3458 Jennie CAUSE OF DEATH INTERVAL RETWEEN ONSET AND DEATH DISEASE OF CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., DUF TO heart failure, astheria, etc. Il means the disease, injuly of complication which coused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if ony, rise to the above cause (A) stating the UNDERLYING CONDITION lost. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES. WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21B. PLACE OF INJURY (e.g., in ar about 27 C. WHERE DID hame, farm, factory, street, affice bldg., INJURY OCCUR? OR CONTRIBUTING CAUSE OF (If in Baltimare City, give exact location) MEDICAL DEATH (natify medical examiner) etc.) 21 D. TIME (Month) (Day) (Year) 21 F. HOW DID INJURY OCCUR? (Hour) 21 E. INJURY OCCURRED OF INJURY While At Nat While (APPROX) At Wark Work 22. I certify that (4) (this hospital) attended the deceased from 19 that (4) (we) lost saw the deceased alive on ond that in ( our) aplnian deoth occurred an the dote and haur and from the couses stated above. (#) (We) (did) (did set) view the body after death. 23A. SIGNATURE 23B, DATE SIGNED Attending M.D. Med. Staff Phys. Director 23C. PHYSICIAN 23D. ADDRESS NAME (TO) OEDR6F 24A. BURIAL CREMATION, 24B. 24D, LOCATION (City, tawn, or county) REMOVAL (Specify) 25B. NAME OF REGISTRAR 25C. EUNERAL DIRECTOR ADDRESS



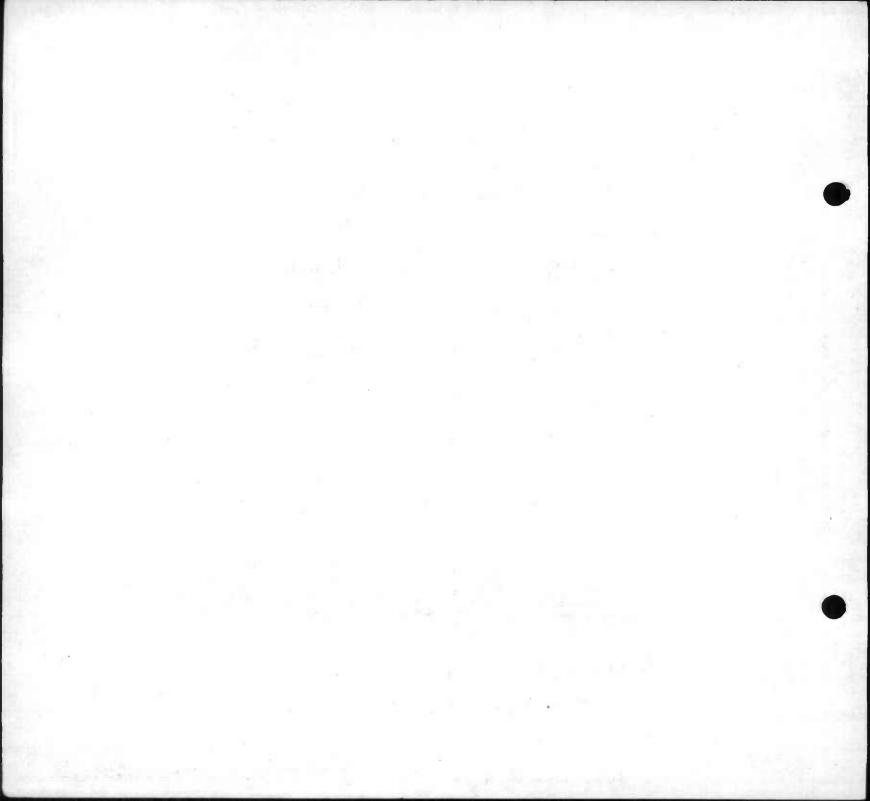
# This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such FUNERAL DIRECTOR: IMPORTANT

	- 1110h-1-1025	BALTIMORE CITY	HEALTH DEPARTMENT		
	H NO. E LA POTO A 235	CERTIFICA	TE OF DEATH	Registered Na.	700235
(Тур	AME OF DECEASED	JONE	3	an Eth	165
	LACE OF DEATH IN BALTIMORE, MARYLAND	Iwondson Clas	A. STATE B. SUN	e deceased lived. If institu	tion; residence before admission
H	ULL NAME OF (If not in hospital or instituti OSPITAL OR oddress or location) ASTITUTION	ion, give street	C. CITY OR TOWN	side city limits, write RURA	IGT
	Balto Mel		D. STREET ADDRESS (III	rurol, give locotion)	-017
5. SI		HED, NEVER MARRIED	B. DATE OF BIRTH  April 1st	9, AGE (In years If Manager III)	Under 1 Yr. II Under 24 Hrs onths Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 108, KINE dyring-most of working life even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fore)	gn country)	CITIZEN OF WHAT COUNTRY?
13. F	nathan for	les_	14. MOTHER'S MAIDEN NA	re D	arnett
15. V (Yes,	Val Doceasod Ever in U. S. Armed Forces? no or unknown! (II yes, give wor or dates of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT LA	rfield (	ADDRESS
	DISEASE OR CONDITION DIRECTLY	CAUSE O	F DEATH	0 0-	INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH (This does not meen the mode of dying,		Aldensive	Contr	
	heart failure, asthenia, etc. It means the dise injury or complication which coused death.)	The	Aller Direc	4-6-	
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, given	(8) V DUE TO			
	rise to the above cause (A) stoting UNDERLYING CONDITION tost.	the (C)	w		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	TING THE			
		OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	10 208. IF YES, WERE FIND	DINGS CONSIDERED S OF DEATH?
0	OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., in home, farm, foctory, street, of etc.)	n or obout 21C, WHERE DID	(If in Boltimore Ci	ly, give exoct locotion)
MEDI	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED  White At Not While	21F. HOW DID INJ	URY OCCUR?	
	(APPROX.)  22. Learnify that (1) (this hospital) attended	Work At Work	4	10	11/01
	that (I) (we) last saw the deceased alive	11 4 4	7	at in(my) (aur) apiniar	death accurred an the da
1 1	and haur and fram the causes stated abav	e. (I) (We) (did) (did not) v	iew the bady after death.	V	and and
	23A. SIGNATURE Came	Phy		Stolf Phys.	B. DATE SIGNED
	23C. PHYSICIAN'S NAME (Type) W GARA	VE/C M.D.	10 b J h	o ho onto	ave
24A	REMOVAL (Special Sund	CAFVE	R. L	AND HE	own, or county). (Stote)
260	JAN 1 0 1966 ( Color See Marie 1966)	ME OF REDISTRA	25C. FUNERAL DIRECTOR	y OW.	ADDRESS
VS.	150-REV. 1/1/65				



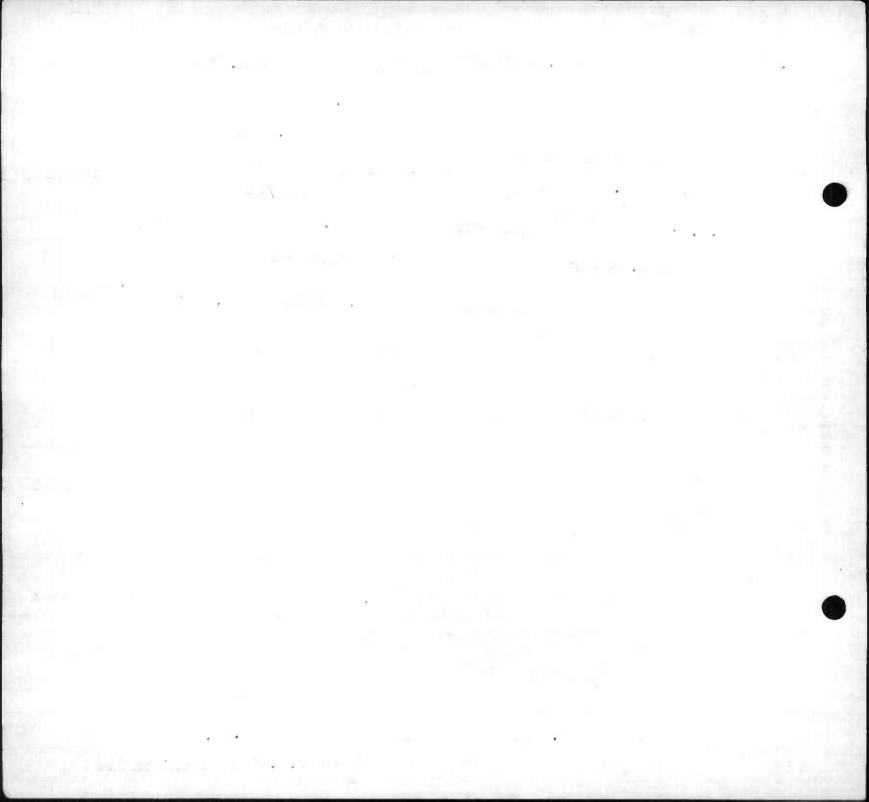
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	1	bod vs:	0.0	9056
	This	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature: (2) Body burns: (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	Was	dece

	Y HEALTH DEPARTMENT	00000
BIRTH NO. 66 00236 CERTIFICA	ATE OF DEATH Registered No.	5 111235
M.E. CASE NO.  1, NAME OF DEGEASED	2. DATE AND HOUR OF DEATH	
(Type or Print) Pryor, James th	1 /7 /66	7:55 P
PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If in A. STATE B. COUNTY	stitution: residence before odmissio
FULL NAME OF (II not in hospital or institution, give street	maryland	10-02-
HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN / (If outside city limits, write	RURAL and give township)
m. 1/1/0/2 1/2 1/1	Baltimore.	STRELING
Monde bello State Hospital	D. STREET ADDRESS (If rural, give lacotion)	1
	119 14-1-1	76-61
6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH  5/22/00  9. AGE fin years last birthdoyl	If Under 1 Yr. II Under 24 H Manths Days Haurs Min.
DA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
ane during most of working life, even if retired)	maryland	WHAT COUNTRY?
S. FATHERS NAME	14. MOTHER'S MAIDEN NAME	66.2
0 - 10	-	
James Vryor 51	Emma!	
5. Was Diceased Ever in U. S. Armed Forces?  Yes, na ar unknown) (If yes, give war ar dates of service)  16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
no	Bornice Pryor 7	19 Shirlay Ho
18.465 X 1260 X CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	1-	ONSEL AND DEATH
LEADING TO DEATH	arctiae arrest	
(This does not mean the made at dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease,		
injury ar camplication which caused death.)	Imongry embolus	
ANTECEDENT CAUSES	4,000,14,7,000000	
DISEASES OR CONDITIONS, if any, giving	6 /	
rise to the above cause (A) stating the (C) UNDERLYING CONDITION last.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	4 1 1 11 11 11	
TO THE DEATH BUT NOT RELATED TO THE SEVENCE	diabates wellious	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
	NO	OJES OF DEATH:
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	in ar about 21C. WHERE DID (If in Baltimare office bldg., INJURY OCCUR?	e City, give exact lacation)
21 D. TIME (Manth) (Day) (Year) (Haur) 21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
S OF INJURY		
(APPROX.) Wark At War		0
22. I certify that (1) (this hospital) attended the deceased fram	8 July 1965 to 7	yan 1966
that (1) (we) last saw the deceased alive an 7 yan	19 6 and that in (my) (bug) api	nion death accurred on the d
and haur and from the causes stated above. (1) (4e) (did) (did not)		
23A. SIGNATURE	•	23 B. DATE SIGNED
ocare ourance Pr	ttending Med. Staff plys. Phys.	1/7/66
23C. PHYSICIAN'S NAME (Type)  Pohent W Tholpad M.D	23D. ADDRESS Montebello Stat	e Hospital
Robert W. Ireland  AA. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of C		ity, town, or county) (State)
REMOVAL (Specify)	) e.d	ity, town, or county) (State)
Buner 1-11-66 Mt Curau (	Del Ballo V.	nex_
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C FUNERAL DIRECTOR	ADDRESS
JAN 10 1966 PO CO 7 6 6 8 0	o Tolesy Chell elson-	1000 Brantley a
/S 150-REV. 1/1/65	/	



VS 150-REV. 1/1/65

NAME OF DECEASED Type at Print)		2. DATE AND HOUR OF				
THES H.	THOMA		101000			
FULL NAME OF (If not in hospital at institutions)		A. STATE B. COUNTY	ed. If institution: residence before odmis			
HDSPITAL OR oddress or location) INSTITUTION			, write RURAL and give township)			
oods		Balto. 29 D. STREET ADDRESS (If rurol, give local	-			
90 5313 Edmondson Av	6	4639 Manordene	Rd			
	RRIED, NEVER MARRIED DOWED, DIVORCED (specify)	April 16/91 birthday)	Manths Doys Haurs Mi			
6A. USUAL OCCUPATION (Give kind of work 10 B. KII			12. CITIZEN OF WHAT COUNTRY?			
I. W.	m Home	Md.	USA			
3. FATHER'S NAME		14. MOTHER'S MALDEN NAME				
John T. Tyler		Ella Jones				
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	Balto ADDRESS			
Yes, na arunknown) (If yes, give war ar dotes af ser	SECURITY NO.	Mrs. Walter Jones, 18	309 Ellinwood Rd			
118. / / / /		OF DEATH	INTERVAL BETWEEN			
154 A	CAUSE	OF DEATH	ONSET AND DEATH			
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	77.	· · · · · · · · · · · · · · · · · · ·	1 n.7/			
	(A) \.	reenom y peclus	n / Moner			
heart failure, asthenia, etc. It means the dis	e.g., DUE 10	TEADING TO DEATH  (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  (A) Creenomia of Ceclum 1/11  DUE TO  (B) Melaslake Cu to M lung  (B) DUE TO				
injury of complication which caused death.)						
injury or complication which caused death.)	mal	T.1. 0 + . 0.				
	(B) Wel	estate Cuto so lun	-5			
injuly of complication which coused death.)  ANTECEDENT CAUSES	DOE 10	reenoms of Rectus	- <del>S</del>			
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any,	giving	edales Cuto so lun	3			
injuly of complication which coused death.)  ANTECEDENT CAUSES	giving	estate Cuto so lun	5			
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, ise to the above cause (A) stating	giving	estate Outo so lun	8			
DISEASES OR CONDITIONS, if any, ise to the above cause (A) stating UNDERLYING CONDITION last.	giving (C)	estate Outo so lun	8			
injuly of complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, isse to the above cause (A) stating UNDERLYING CONDITION last.  BY  DITHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED.	giving (C)	estate Ou to so lun	3			
NOT THE DEATH BUT NOT RELATED TO DISEASE OR CONDITIONS OF THE DISEASE OR CONDITIONS OF THE DISEASE OR CONDITIONS OF THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	giving gi the (C) BUTING THE		<i>V</i>			
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, ise to the above cause (A) stating UNDERLYING CONDITION last.  DITHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	giving the (C) BUTING TO THE	[20A. AUTOPSY? (Yes or No)] 20B. IF YES.	<i>V</i>			
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, ise to the above cause (A) stating UNDERLYING CONDITION last.  DIHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED.	giving  gi the (C)  BUTING O THE  FOR WHICH OPERATION  Drown & Resturn	20A. AUTOPSY? (Yes or No) 20B. IF YES, IN CERTIFYII	WERE FINDINGS CONSIDERED NG CAUSES OF DEATH?			
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JAN 10 VS 150-REV. 1/1/65

			Y HEALTH DEPARTMENT		00 00000
M.E. CASE NO	66 00%	CERTIFICA	ATE OF DEATH	Registered No	.66 00238
INAME OF D	ECEASED		2. DATE AN	ID HOUR OF DEAT	H
	Bartes		7	Jan 66	9 20 A
3. PLACE OF	DEATH IN BALTIMORE, M	ARYLAND	4. USUAL RESIDENCE (When	re deceased lived. It	institution: residence before odn
FULL NAM		or institution, give street	Maryland	5	-01
HOSPITAL C		on)		Iside city limits, write	RURAL ord give township)
110			Baltimore		
1105	E. Fayette	Demand	The second secon	rurol, give location)	
			1105 E. Faye		
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)		9. AGE (In years lost birthdoy)	If Under 1 Yr. II Under :
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done during most	of working file, even if retired)	108. KIND OF BUSINESS OR INDUSTR	IT   11. BIRTHPLACE/Stote or Tores	(gn country)	12. CITIZEN OF WHAT COUNTRY?
	nou	Acre	HUNGAVY		USH
13. FATHER'S N	IAME /		14. MOTHER'S MAIDEN NA	ME	
	11 2	know	luka	own	
	sed Ever in U. S. Armed Formal (If yes, give wor or do		17. INFORMANT		ADDRESS
The same of order	, and the yes, give wor or do	les of service) SECURITY NO.	1000 0 - On 1-	Famolto.	· Au Ila
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O 21A. ACCI	WAS PE	RFORMED	ans	IN CERTIFYING C	AUSES OF DEATH?
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	tify medical examiner	etc.)	onice oragi, INJURI OCCUR!		
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that (I) (v	ve) lost sow the deceos	ed olive on	19 6 ond th	ot in (my) (our d	pinion death occurred on th
11		oted obove. (1) (We) (did) (did not)	view the body ofter death.		
23A. SIGN	ATURE /	10		. /	23B. DATE SIGNED
	1 AL		ttending Med. Director	Stolf Phys.	79 pm 66
23C. PHYSI	CIAN'S E (Type)		23D. ADDRESS	2 //	1/100
NAMI	/ /	4.11e M.D	1214 EF	avett1	St 21231
24A. BURIAL C		1 24C. NAME OF CEMETERY OF C	REMATORY 24D. L	OCATION (	City, town, or county)15
	L ISpecify)	161 400 1:	T(10) l	100	m.
25A, DATE RE	C'D BY HEALTH DEPT.	25B, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	Kanbu	me , il
I A BL	6 1986 0 0	A Q Q Texto AB B	25C. FUNERAL DIRECTOR	7 10	S ADDRESS C
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BALTIMORE CITY HEALTH DEPARTMENT Registered Na CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) BABY BOY KRANING 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL NOTUTITAN AGNES HOSPITAL BALTIMORE TREET ADDRESS (If Turol, give locotion)
618 N. CALVERT STREET D. STREET ADDRESS CATON & WILKENS AVE disposition is made. MARYL 5. SEX MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years WIDOWED, DIVORCED (specify) lost birthdov MALE 1-6-66 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of foreign country) done during most of working life, even if retired) BALTIMORE, MARYLAND
14. MOTHER'S MAIDEN NAME INFANT 13. FATHER'S NAME LAWRENCE MARY BURCH 15, Was Deceased Ever in U. S. Armed Forces' 17. INFORMANT 6. SOCIAL or final (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. AGNES HOSPITAL RECORDS ST. NO CAUSE OF DEATH 1B. DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not meon the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease, injuly of complication which coused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stoling the UNDERLYING CONDITION last. before the remains CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH 19A. DATE OF OPERATION OPERATION WAS PERFORMED YES 21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examiner) obtained (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Work 19 66 to 22. I certify that XIX (this haspital) ottended the deceased from... 66 that XIX(we) last sow the deceased alive an and hour and from the causes stoted abave. (X) (We) (did) (XXXXX view the bady after deoth. must 23A. SIGNATURE Attending Phys. Med. Director Staff approval 23 C. PHYSICIAN'S 23D. ADDRESS NAMOYCE M BOYD ST. AGNES HOSPITAL BURIAL CREMATION, 2483 DATE 24C. NAME & CEMETERY OF CREMATORY EMOVAL (Specify)

1966

If Under 1 Yr. Months: Doys

12. CITIZEN OF

USA

WHAT COUNTRY?

ADDRESS

INTERVAL BETWEEN ONSET AND DEATH

(Stote)

ADDRESS

If Under 24 Hrs.

Hours

19

208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) ...and that IXXX (our) apinian death accurred on the date 23 B. DATE SIGNED 258 NAME OF REGISTRAR 25A. DATE REC'D BY HEALTHY DERT. VS 150-REV, 1/1/65

and a short

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD 1:25 A M January 6, 1966 LANCE COTTHELF 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE R. COLINTY Maryland FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ADDRESS OR LOCATION Baltimore. D. STREET ADDRESS (If avol. give location) Union Memorial Hospital 1205 Weldon Ave. 9. AGE (In yeors 5 SEY A. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min. WIDOWED, DIVORCED(specify) lost birthdoy white male Single Single Nov 26.1915 20 2. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S Student 13. FATHER'S NAME Maryland 4. MOTHER'S MAIDEN NAME Howard Gotthelf. Gladvs Warfield 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SO CIAL 7. INFORMANT (Yes, no or unknown), (If yes, give wor or dotes of service) SECURITY NO. no Mrs. Bessie Rollman. 2902 Rosalie Ave. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Overdose of barbiturates (This does not mean the mode of dying, e.g., heart failure, asthenra, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUF TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (CL CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 119B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES. WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? yes 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) home, form, factory, street, affice bldg., NJURY OCCUR? MEDICAL 21A. EXTERNAL CAUSE WAS UTING CAUSE OF DEATH. 1205 Weldon Ave. home 21D TIME 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Month) (Doy) (Yeor) (Hourl OF INJURY (APPROX.) NOT WHILE X 66 took overdose Autapsy X and that an this basis, death in my apinian I certify that I held an Inquiry Inspection Suicide Undetermined manner X resulted fram: Natura Deauses Accident -Hamicide CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER SIGNATURE 1-6-66 EXAMINER'S

ASSOCIATE MEDICAL EXAMINER

NAME (Type) Rudiger Breitenecker, M.D. 23A. BURIAL CREMATION.

23 C. NAME of CEMETERY of CREMATORY 23D. LOCATION

(City, town, or county)

(Stote)

REMOVAL (Specify) 1/8/66 Burial

Woodlawn

Woodlawn, Balto Col Md ADDRESS

24A. DATE REC'D BY HEALTH DEPT. 248, NAME OF REGISTRAR 24C, FUNERAL DIRECTOR

VS 151-REV. 1/1/65

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VS 150-REV. 1/1/65

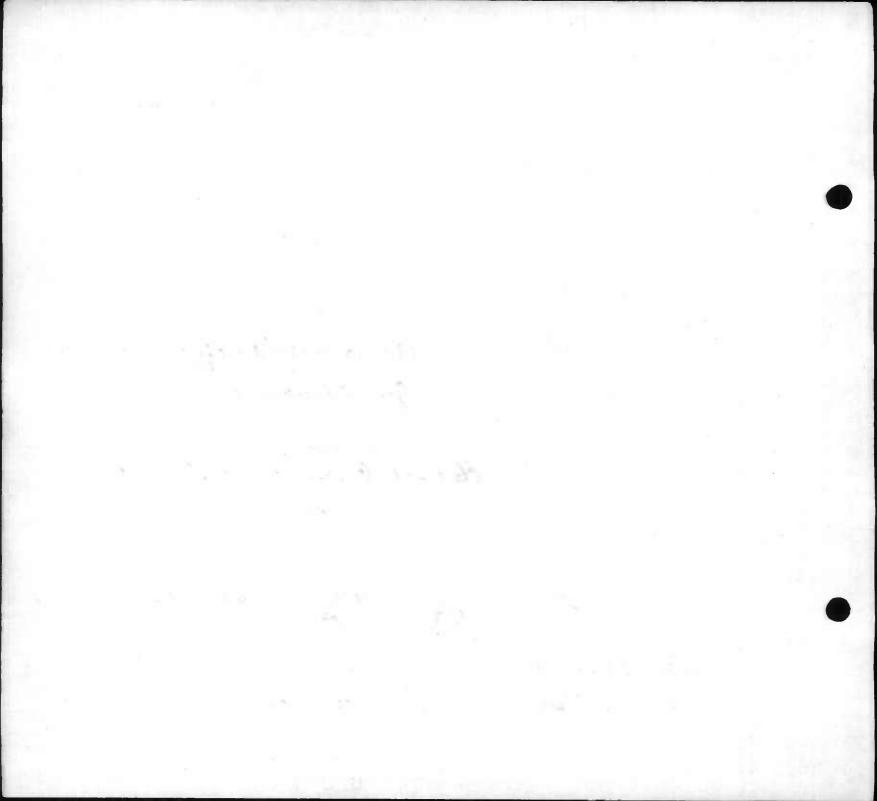
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## BALTIMORE CITY HEALTH DEPARTMENT

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Registered	No	66	13	124
Registered	No.	LILI	161	- 1 - W

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ype ar Print)	· Agrees Hi	11		1/6/	66	1/2, - A.M.
PLACE OF DE	ATH IN BALTIMORE, MARYL	AND			ere deceased lived. If	institution: residence before admission)
						151
HOSPITAL OR	addings on language			C. CITY OR TOWN (11 or	utside city limits, write	RURAL and give township
NOITUTITZM	LAKE Drive	NVYS	ing Home		-	
10	2401 Eutow	Place	1 .	D. STREET ADDRESS	rural, give location)	
U	BALtimore	e, Mai	yland.	400 W. 3		
SEX		79	EVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
SEX	o. RACE		DIVORCED (specify)	. 1	last birthday	Manths Days Haurs Min.
F	W.	WIDOW	VI	2/7/1874	71	12. CITIZEN OF
	UPATION (Give kind of work 10 f working life, even if retired)	8, KIND OF 8	USINESS OR INDUSTRE	11. BIRTHPL'A CE (State or fore	eign country/	WHAT COUNTRY?
		7	No.	MARYLAN	D.	w.s.
FATHERS NA	ME I			14. MOTHER'S MAIDEN NA	ME	
001	er E. Armac				110	
	d Ever in U. S. Armed Forces		6- SOCIAL	17. INFORMANT	V 3	ADDRESS
s, no or unknow	(n) (If yes, give wor ar dotes of	of service)	SECURITY NO.			
No	NO.		2	EMILIE EVER	7-600 W	33°9 ST.
18. // >	511		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEA	ASE OR CONDITION DIREC	CTLY		4 1		
	LEADING TO DEATH		(A) Clist	exionlesticl'	andio l'are	gradual
	nat mean the made at d , asthenia, etc. It means th		DUE TO		Dis.	
	implication which caused de		N	1/0/	1	
	ANTECEDENT CAUSES		(B) Je	u / arteuore	leroses	chiruc
DISEASES	OR CONDITIONS, if an	v aivina	DOE 14			
	he abave cause (A) s		(C)		0x 000 0 00x 0 000 000 000 0 0 0 0 0 0	
UNDERLYIN	G CONDITION last.					
	- 11		0			
OTHER SIGN TO THE DISEASE OF	DEATH RUT NOT RELATE	NTRIBUTING	delent Inl.	Cerebnera	nula dis	chronic
DISEASE OF				1204 44700000	lall 208 IE ves wes	E EINDINGS CONSIDERED
19A. DATE C	OF OPERATION 198, CONDI	TION FOR WI	HICH OPERATION		IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
				No	(It := B-I:	are City, give exact location)
	ENT WAS UNDERLYING DEBUTING CAUSE OF	hom e,	form, factory, street, a	n or about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Collins	are City, give exact location/
	fy medical examiner)	etc.)				
21 D. TIME	(Month) (Day) (Year)	(Hour) 21E. I	NJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
OF INJURY			Nat Whi			
		Work			11/3	111 11
22. I certif	ry that (1) (this haspital)	attended the	deceased fram	10/10	19 6 -2 ta	1/6 19.6.6
that (I) (we	e last saw the deceased	alive an	//3	19.66 and t	hat in (my) (aut) a	pinian death accurred an the dat
and haur a	nd fram the causes stated	d abave. (I)	(We) (did (did nat)	view the bady after death		
23A. SJGNAT						23B. DATE SIGNED
doc	us V. Blum A	mo.	M.D. Att	ending Med.	Stoff Phys.	1/6/66
23 C. PHYSIC	IAN'S			23 D. ADDRESS		
NAME	WIS V. Blusses	/	M.D.	3205 W. Rog	en are . L	Balto. 15, mol
4A. BURIAL CI	REMATION, 248 DATE	24C. N A/	ME of CEMETERY OF CR	EMATORY 24D.	LOCATION	(City, town, or county) (State)
REMOVAL	110/11	12 -	D+1	2	mostle Con	e Balto med.
BUR 11		5B. NAME OF	REGISTRAR	25C. FUNERAL DIRECTO	R C	ADDRESS
SA. DATE REC	4 0 4000 0		. 11 (1.3)	1	2 41	1 += = = 10



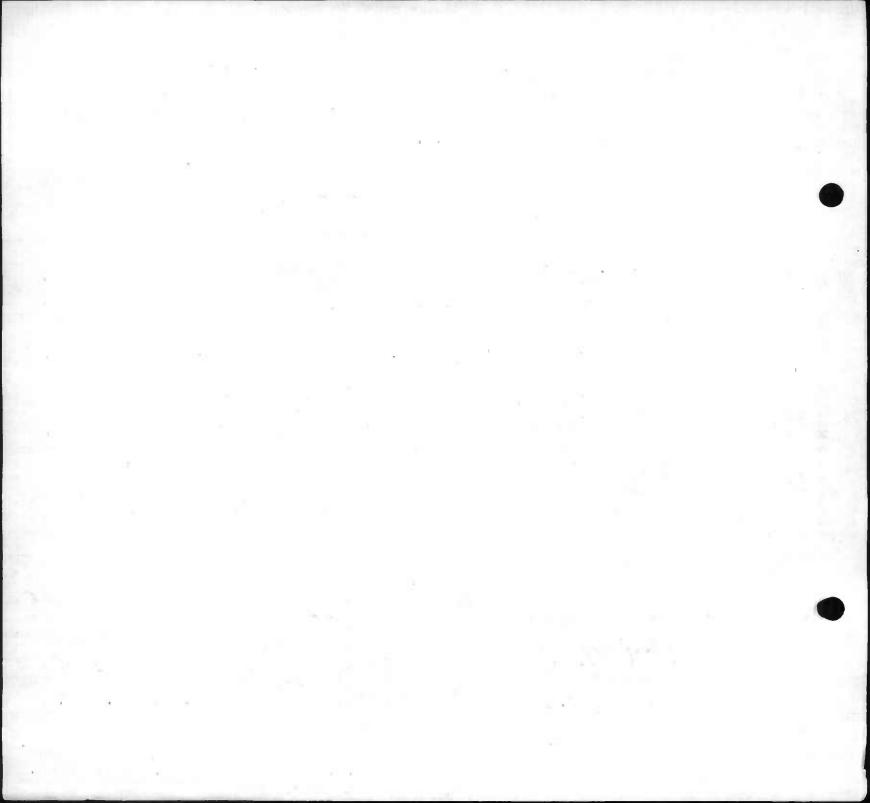
prior to death. Such

cause

		HEALTH DEPARTMENT	20 00040
BIRTH NO. 66 00	CERTIFICA	TE OF DEATH Registered N	6 00242
A.E. CASE NO NAME OF DECEASED		2, DATE AND HOUR OF DEAT	'Н
Type or Print) WILLIA	M H. ELKINS	Jan. 8, 1966	124006
PLACE OF DEATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Where deceased lived. If A. STATE B. COUNTY	institution: residence before admissi
FULL NAME OF (If not in hospital oddress or location )NSTITUTION	or institution, give street )	C. CITY OR TOWN (If outside city limits, with	e RURAL and give township)
House in t	he Pines N.H.	Baltimore D. STREET ADDRESS (If rurol, give locotion)	
90		1532 Shadyside Rd.	
SEX 6. RACE	7. Married, Never Married widowed, divorced (specify) Widowed	B. DATE OF BIRTH  2-22-1880  9. AGE (In years lost birthdgy)  55	Months Doys Hours Min
DA, USUAL OCCUPATION (Give kind of work one during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Chief Steward	Steamship Line	Maryland	USA
3. FATHERS NAME		14. MOTHER'S MAIDEN NAME	
William H. Elkin	S	Mary Maddox	
5. Was Deceased Ever in U. S. Armed Forders, no or unknown) (If yes, give wor or date		17. INFORMANT	ADDRESS
No		Mrs. Spencer Hall	Above
1B. 44.2.2.1		F DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIR	ECTLY	0 0 1 -	ONSET AND DEATH
LEADING TO DEATH	(A) CO	re level arterwooderon	i
(This does not meen the mode of	dying, e.g., DUE TO		
heart foilure, osthenia, etc. It means injury or complication which coused	deoth.)	+ 1 + 1 1 !	1
ANTECEDENT CAUSES	(B) / L	terose levotre Carolo	i cachia.
DISEASES OR CONDITIONS, if	DUE TO	Alsense	
rise to the above cause (A)	stating the (C)	6	
UNDERLYING CONDITION last.			
11			
OTHER SIGNIFICANT CONDITIONS C	TED TO THE		
DISEASE OR CONDITION CAUSING I	<u> </u>	120 A ALIXOREY2 /Ven - NI-W 208 IF W-	T CHICK CONSTRUCT
19A. DATE OF OPERATION 19B. CON WAS PERF	DITION FOR WHICH OPERATION ORMED	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED :AUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	218. PLACE OF INJURY (e.g., home, form, foctory, street, oetc.)	n or about 21C. WHERE DID (If in Boltim ffice bldg., INJURY OCCUR?	ore City, give exoct locotion)
21D. TIME (Month) (Doy) (Year)	(Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.)	Whi)e At Not Whi Work At Work		
22. I certify that (1) (this hospital	ottended the deceased from	12c = 22 19 6 = 10	Car 2 1964
that (I) (we) Tost saw the decease		- 1.6/	pinian death accurred an the
			pinion death accorred an the i
and hour and fram the causes stat	ed above. (I) (me) (aid) (did hai)	riew the bady after death.	DAYE SIGNED
TAI.	M.D. AH	ending Med. Stoff	23B. DATE SIGNED
Litting	Phy	s. Director Phys.	1-10-66
23C. PHYSICIANS NAME (Type) Harry II	mipp // M.D.	4116 Edmondson Ave.,	Relto Md
4A. BURIAL CREMATION, REMOVAL (Specify)	24C. NAME of CEMETERY of CR	EMATORY 24D. LOCATION	(City, town, or county) (State
Burial 1-11-6	6 Parkwood	Parkville	Mo
SA. DATE REC'D BY HEALTH DEPT.	258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
- 1 0 0 220t a t 100t	C. Fa. Count	H W Jenking & Sons (	in 1905 Varie Rd

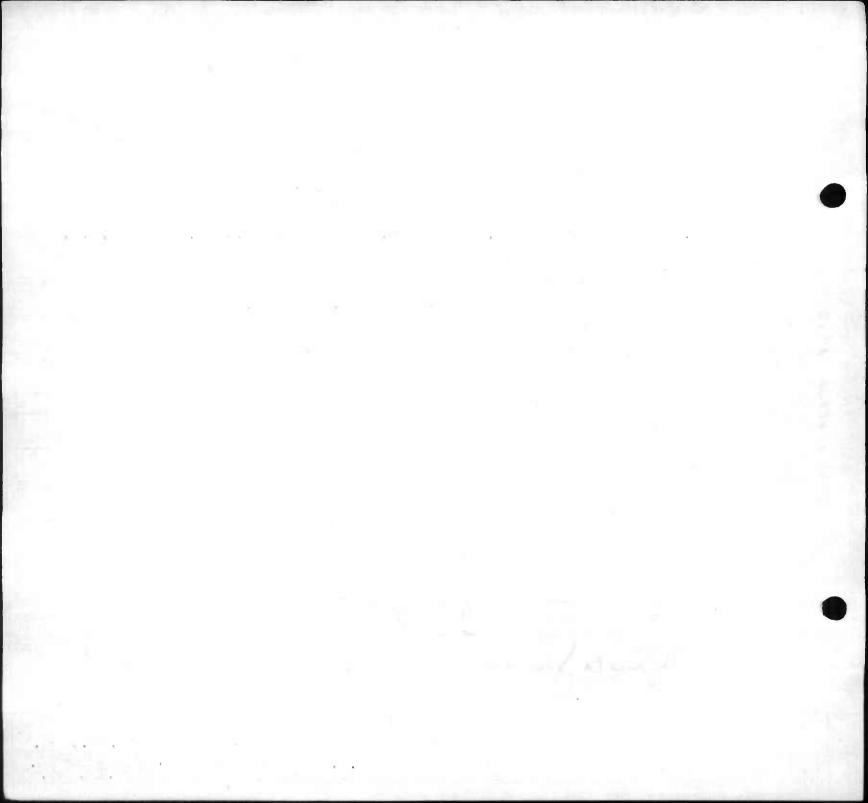
H.W. Jenkins & Sons Co. 4905 York Rd.

1-11-66 Parkwood



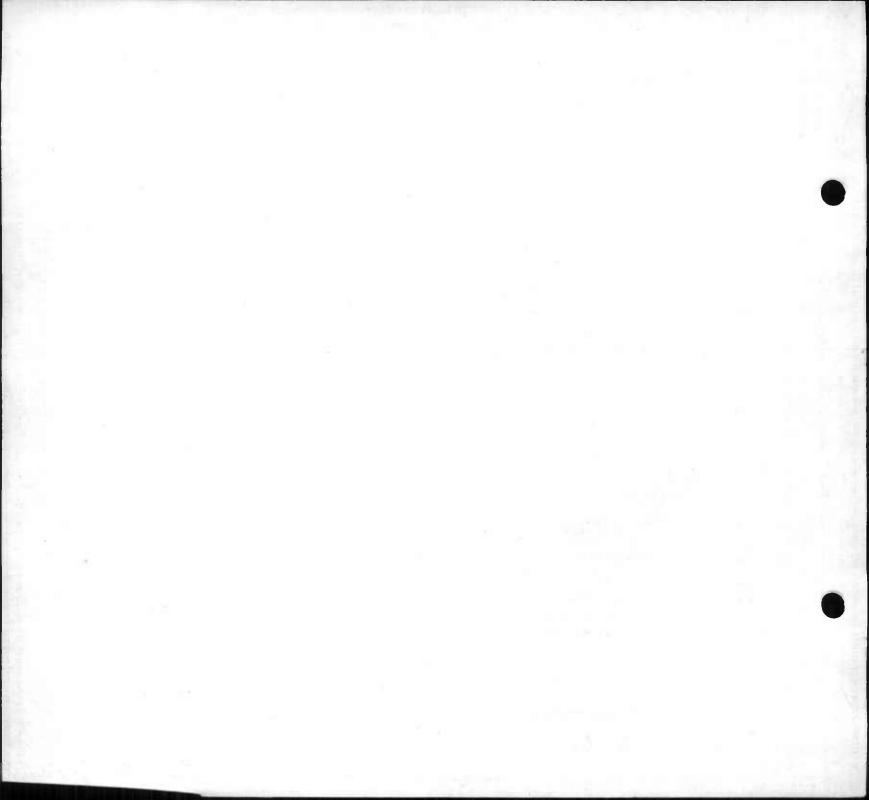
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

	00 00	040 BALTIMO	RE CITY	HEALTH DEPARTMENT	GG	00243
11	TH NO. 66 00	CERTI	FICA	TE OF DEATH Registered	No.	OUGIO
1.1	NAME OF DECEASED	on Herbert Mi	lls	January 8, 1		1 6 P. M
3.	PLACE OF DEATH IN BALTIMORE, MAR			4. USUAL RESIDENCE (Where deceased lived A. STATE  B. COUNTY		tion: residence before odmission)
	FULL NAME OF (If not in hospital a	i institution, give street		Maryland	2	7-19
	HOSPITAL OR oddress or location) INSTITUTION			C. CITY OR TOWN (If outside city limits,	write RURA	L and give lownship)
	LEIO Mambia I	Toll Dood		Baltimore  D. STREET ADDRESS (If 1010), give locotic	101	
0	0 4510 Marble H	iall Road		4510 Marble Hall R		
5.		7. MARRIED, NEVER MARRIEI WIDOWED, DIVORCED (sp		B. DATE OF BIRTH 9. AGE (In years lost birthday)		Under 1 Yr. If Under 24 His.
	M W	Married		1/11/1887 78		
	A. USUAL OCCUPATION (Give kind of work) ne during most of working life, even if retired)	10B, KIND OF BUSINESS OR IN	IDUSTRY	11. BIRTHPLACE (Stote or foreign country)	112	CITIZEN OF WHAT COUNTRY?
	Operator-Retire	Balto.Transit	Co.	Dorchester Co., Md.		U.S.A.
13.	FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
Jo	hn O. Mills			Jenny Jones		
15. (Ye	Was Deceased Ever in U. S. Armed Forces, no or unknown) (If yes, give wor or dates	of service) 16. SOCIAL SECURITY N		17. INFORMANT		ADDRESS
	No			Mrs. Verdye M. Mills		(Same)
	18. 177XI	C	AUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRE	CTLY		4		ONSE! AND DEATH
	(This does not mean the mode of	dying, e.g., DUE	TO	encered prostate		1 years
	heart failure, asthenia, etc. Il means	lhe diseose,				
	ANTECEDENT CAUSES	(B)				
	DISEASES OR CONDITIONS, if a		TO			
	rise to the above couse (A) UNDERLYING CONDITION lost.					**************************************
ATION	OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TED TO THE				
		DITION FOR WHICH OPERATION	) N	20A. AUTOPSY? (Yes or No.) 20B. IF YES, V	VERE FIND	INGS CONSIDERED
ERTIFIC	WAS PERFO			IN CERTIFYING	CAUSES	OF DEATH?
CAL CE	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJU home, form, foctory, etc.)	RY (e.g., in street, of	or obout 21C. WHERE DID (If in Boice bldg., INJURY OCCUR?	Itimore City	y, give exact location)
EDI	21 D. TIME (Month) (Day) (Year)	(Hour) 21E INJURY OCCUR	RED	21 F. HOW DID INJURY OCCUR?		
ME	(APPROX)	While At	Not While At Work			
	22. I certify that (I) (this hespital)	ottended the deceased fro	om	Sept 1965 to	Dan	8 1966
	that (I) (we) lost saw the deceased	A -	8,	1 1 /	1	death accurred an the date
	and have and from the causes state	ed above. (1) <del>(We)</del> (did) (di	d nat) vi			
	23A. SIGNATURE			•	23 B	, DATE SIGNED
	Concild Ja	nday N	1.D. Atte	Med. Stoff Phys.		1-10-66
	23C. PHYSICIAN'S NAME (Type)			3D. ADDRESS		
	R.Dona	ald Jandorf	M.D.	6077 Harford Road		
24	A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETER	Y or CRE	MATORY 24D. LOCATION	(City, to	own, or county) (Stote)
Fire	tombment 1/11/19	966 Lorraine	Park	Mausoleum Woodlawn	. Ra	lto.Co., Md.
25		25B. NAME OF REGISTRAR		25c. FUNERAL DIRECTOR & Sons	Co. 1	ADDRESS PA
	JAN 1 0 1966 (7.00)	5 B. W. 4MO	1) (	of the solit		1905 York Rd.
VS	150-REV. 1/1/65					



-63	D
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approved must be obtained before the remains are embalmed or final disposition is made.
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hosi use ; (5)	danc dec
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dical ical ins; (	vas i
med y	physian v
chie	hysic re th
ital bes (2)	was D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased prior to death); and (6) No physician was in regular attendance on the deceased prwritten approval must be obtained before the remains are embalmed or final disposition is made.
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	BALTIMORE CIT	Y HEALTH DEPARTMENT
	NO. 64.2431666 00244 CERTIFICA	ATE OF DEATH Registered No. 50 00244
1. NA	ME OF DECEASED  OF Print)  KEVIN FORD	2. DATE AND HOUR OF DEATH  3. A. A. 5. 1966 830
3. PL	ACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmi
H	ILL NAME OF (If not in haspital or institution, give street oddress or location) STITUTION	C. CITY OR TOWN / (If putside city limits, write RURAL and give townskip)
1-	Sinni Hospital	D. STREET ADDRESS (If rurol, give Jocetian)
10	_	4109 BZ1/2 HUE.
5. SE	A ALE COL. 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	18. DATE OF BIRTH  9. AGE (In years If Under 1 Yr. If Under 24 Months: Doys Hours N
	JSUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)  BA I Sm W 2  12. CITIZEN OF WHAT COUNTRY?
13. F.	ATHER'S NAME	14. MOTHER'S MAIDEN NAME
	SAMUEL FORD	Nettie
Yes,	os Deceased Ever in U. S. Armed Forces? no ol unknown) (If yes, give wor or dotes of service)  1 6. SOCIAL SECURITY NO.	Samuel atord 4109 Belle av
1	8.492 X   CAUSE C	DF DEATH INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ourse his - outso borneles
	(This does not mean the made of dying, e.g., DUE TO	earness 1/2 9000 1000 1000 1000 1000 1000 1000 100
	injuly at camplication which caused death.)	
	ANTECEDENT CAUSES  (8)  DUE TO	
	DISEASES OR CONDITIONS, if any, giving ise to the above cause (A) stating the (C) UNDERLYING CONDITION last.	
TION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
FICA	PA. DATE OF OPERATION CAUSING IT.  9A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
F	2	725
CALC	21 A. ACCIDENT WAS UNDERLYING   21 B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or about 21 Of WHERE DID (If in Baltimare City, give exact lacation) affice bldg., INJURY OCCUR?
ED	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?
>	APPROX.) While At Work Not Wh	
2	2. I certify that (1) (this hospital) attended the deceased fram	1 5 66 19 to 1 5 66 19
	hat (1) (we) last saw the deceased alive an	19 and that In(my) (aur) opinion death occurred an the
	and hour and from the couses stated abave. (() We) (stid) (did nat)	
N. C.	3A. SIGNATURE  M.D. At Ph	tending Med. Stoff Phys. Director Phys. 123 B. DATE SIGNED
2	C. PHYSICIAN'S NAME (TYPE) A FOR A FOR M.D.	23D. ADDRESS
24A.	BURIAL CREMATION, 248. DATE   24C, NAME of CEMETERY of CI	7
25A.	DATE REC'D BY HEALTH DEPT. 125B, NAME OF REGISTRAR	125C, FUNERAL DIRECTOR ADDRESS ADDRESS
	JAN 10 1966 00 1 8 200 0 0	Brooker Kunggold 1463 D. C.
VS 1	50-REV. 1/1/65	



the bady was released to the haspital by a medical examiner. Also, if the direct or cantributing cause of death shaws: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) Na physician was in regular attendance an the deceased prior to death. Such This certificate must be appraved by the chief medical examiner or his assistant if death occurred in a haspital and

BIRTH NO. 66 00245		TE OF DEATH	Registered No.	36 00245
M.E. CASE NO.  1. NAME OF DECEASED (Type or Print)  HAFT, HE	RMAN		6 66 9.	S-
3. PLACE OF DEATH IN BALTIMORE, MARYLAND  FULL NAME OF (II not in hospital or institution) oddress or location)		A. STATE B. COUN  BAC  C. CITY OR TOWN (If out	TIMORE +	istitution: residence before admission
42 SINM HOSPI	TAL OF	D. STREET ADDRESS (1)	or RE rural, give location)  Three Oa	53-00 A 8
5. SEX .   6. RACE   7. WARR	IED, NEVER MARRIED WED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	(f Under 1 Yr. (f Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KINE done during most of working life, even if relired)  RETIRED  13. FATHER'S NAME	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Store or forei		12. CITIZEN OF WHAT COUNTRY?
Joseph 5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	PRULINE		ADDRESS
(Yes, no or ynknown) ((( yes, give wor or dates al servi	security No.	ROSE HAFT		SAME
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, heart failure, asthenia, etc. It means the diseinjury ar complication which caused death.)  ANTECEDENT CAUSES	o.g.,	Periphosel Vasa Uraemia	1	onset and death
DISEASES OR CONDITIONS, if ony, gives to the above couse (A) stoling UNDERLYING CONDITION lost.	TING Abdomin	Attlected of of Chemia of a Lower of	both kernelies a Reseated	m
TO THE DEATH BUT NOT RELATED TO		eind Arlungton	& groft	FINDINGS CONSIDERED
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., i home, (orm, (octory, street, o etc.)	n or about 21 C. WHERE DID	(If in Boltimore	e City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.)	21E INJURY OCCURRED  While At Not Whi Work At Work		URY OCCUR?	
22. I certify that (I) (this hospital) attended that (I) (we) last saw the deceased alive			19to	nion death occurred an the da
and haur and from the causes stated above		ending Med. Director	Staff Phys.	23 R. DATE SIGNED
23C. PHYSICIAN'S NAME (Type) DR. P. J.	M.D. C. NAME OF CEMETERY OF CR	23D. ADDRESS EMATORY   24D. Le	OCATION (C	ty, town, or county) (State)
2 /1/	MR SINGI	25C. FUNERAL DIRECTOR	IIN95 MILL.	s MI)
JAN 10 1966 Release &	Falley MAD	Sylvay S. LEW	UTSON 3	319 Clympin Aus

Retines Thirtee No. Your Joseph Toward No. Thousand

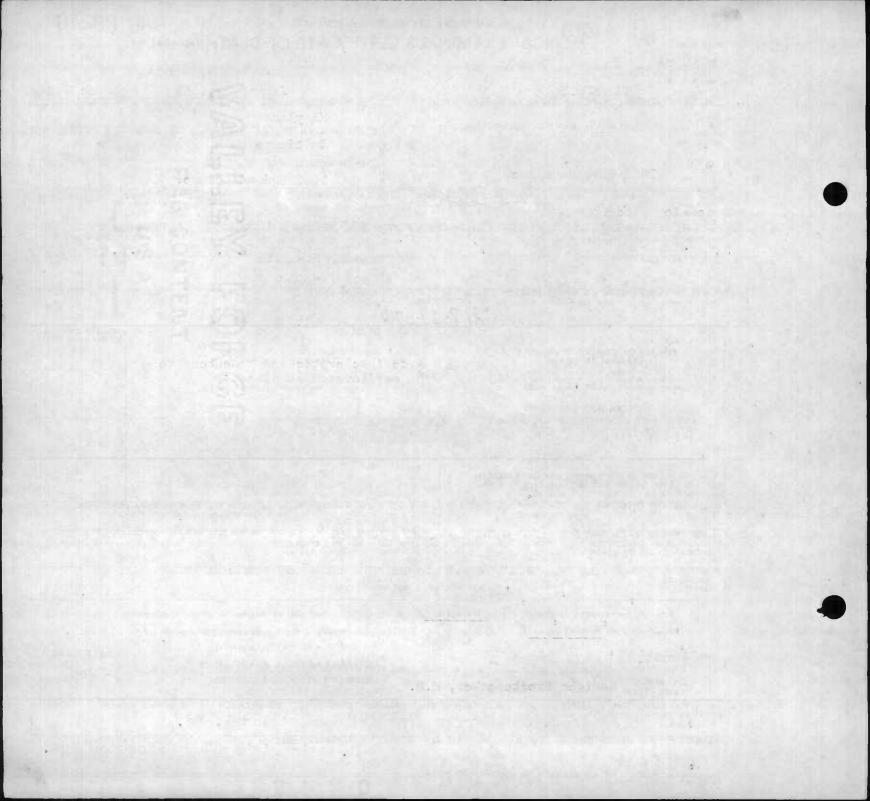
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VS 151-REV. 1/1/65

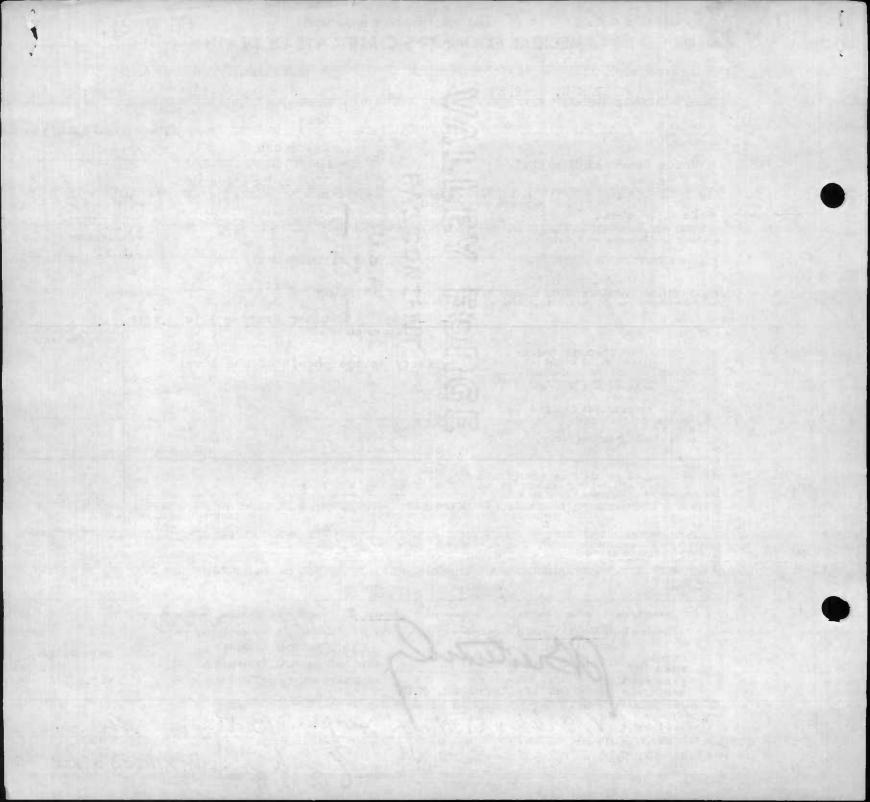
	66	00246	BALTIMORE CITY HEA		DEATH-	66 00246
	III 140.	WED	ICAL EXAMINER'S	LEKTIFICATE C	OF DEATH Register	red No
_	E. CASE NO. NAME OF DECEASED	)		2 DAT	E AND HOUR PRONOUNCE	D DEAD
(Ťy	pe or Print)	VA MOODY				
3.			HERE PRONOUNCED DEAD	J4. USUAL RESIDENCE (V	anuary 9,1966	5:30 A _{M.}
				A. STATE Maryla	. R. COU	NTY
HC IN:	LL NAME OF (II	DORESS OR LOCA	AL OR INSTITUTION, GIVE STREET	C. CITY OR TOWN (IF	outside corporate limits, write	RURAL and give township)
	/ A			Baltim	8	10-0
1	2663	Edmondson	n Ave.	D. STREET ADDRESS (IF	dmondson Ave.	
5. :	SEX 6. RA	CE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs.
	female n	egro	WIDO WED, DIVORCED (specify)	October 1	6,1900 <del>62</del> x 65	Months Doys Hours Min.
			108. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote or	foreign country)	12. CITIZEN OF
	dorno et ic	life, even if retired)		Washingto	on D C	U.S.
13.	domestic FATHER'S NAME		Harmon Harman Calabia	Washingto	NAME	
	Eliia	Johnson	3	Ella Crool	ke .	
	WAS DECEASED YVE s, no or unknown), (If yes			17. INFORMANT	. 5	ADDRESS
		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	217-09-07	S		
	1B. //	N/	CAUS	E OF DEATH		INTERVAL BETWEEN
	DISEASE OR	CONDITION DI	BECTIV			ONSET AND DEATH
	LEAD	DING TO DEATH	(A) Arte	riosclerotic a	nd hypertensive	
	(This does not me heart foilure, asthe	on the mode of nio, etc. It meons	the disease,	ardiovascular		
	injury or complicati	on which coused	ge otn./			
		ENDENT CAUSE				
	DISEASES OR CO	VE CAUSE (A) S	NY, GIVING DUE TO			
z	UNDERLYING CO	ONDITION LAST.	(C)			
2		II				
S	OTHER SIGNIFICA	NT CONDITIONS	CONTRIBUTING			Tare 12 to 12 to 1
프	DISEASE OR CON	DITION CAUSING	it,	***************************************		******
CERTIFICATION	19A. DATE OF OPER	ATION 198, CON WAS PER	DITION FOR WHICH OPERATION FORMED	20A. AUTOPSY? (Yes o	No) 208, IF YES, WERE FIN IN CERTIFYING CAUS	DINGS CONSIDERED ES OF DEATH?
CAL	UNDERLYING OR C	ONTRIB-	21B. PLACE OF INJURY (e.g., home, form, foctory, street,	in or about 21C. WHERE D	OID (If in Boltimore City, giv	e exoct location)
MEDICA	UTING CAUSE OF	DEATH.	etc.)			
2	21 D TIME (Mon	th) (Doy) (Yeo	Hour) 21E. INJURY OCCURRED	21 F. HOW DID	INJURY OCCUR?	
	(APPROX.)		m. WHILE AT NOT	WHILE WORK		
	22.	at I held on 1			on this basis, death in m	v aninlan
		om: Natural ca			Undetermined manne	
	10301100 111	1	Accident 501cm	CHIEF MEDICA		
	ACTUAL	1/1/2	110/14			DATE SIGNED
	SIGNATURE_	1010		ASSISTANT MEDICAL		1-9-66
	NAME (Type)	Rudiger 1	Breitenecker, M.D.	ASSOCIATE MEDICA	L EXAMINER	
	. BURIAL CREMATIO	N, 238. DATE	23C. NAME OF CEMETERY		3D. LOCATION (City,	town, or county) (Stote)
YE!	Burial	1/12	66 Carver Memo	orial Park	Laurel, Md.	
24/	A. DATE REC'D BY HE	ALTH DEPT.	24B, NAME OF REGISTRAR	24C. FUNERAL DIRE	right 2700 E	ADDRESS
	IAN 10 10	es A a	6 2 To a. us	C. Wainw	right 2700 E	dmondson Ave.
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## 66 00247 BALTIMORE CITY HEALTH DEPARTMENT 66 00247 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

The state of deceased  (Type or Print)  WILLIAM H. SHAFFER  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION  Union Memorial Hospital  5. SEK  6. RACE  White  White  To Amaried, Never Married widowed, Divorced Ispecify)  Maryland  C. CITY OR TOWN (If outside corporate limits, write RURAL and give town Baltimore)  D. STREET ADDRESS (If rural, give location)  3508 Roland Avenue  5. SEK  6. RACE  Whospital  White  To Amaried, Never Married widowed, Divorced Ispecify)  Single  2/16-1900  Add.  What Country  What Country  Labor  14. Mother's Maiden Name  14. Mother's Maiden Name  14. Mother's Maiden Name	odmission) (ship)  der 24 Hrs. Min.
WILLIAM H. SHAFFER  3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  Union Memorial Hospital  C. CITY OR TOWN (If outside corporate limits, write RURAL and give town Baltimore  Union Memorial Hospital  5. SEK  6. RACE  White  7. MARRIED, NEVER MARRIED  White  10A. USUAL OCCUPATION (Give kind of working life, even if telired)  What  Single  12. CITIZEN OF WHAT COUNTRY  Md.  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME	odmission) (ship)  der 24 Hrs. Min.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION  Union Memorial Hospital  Union Memorial Hospital  5. SEX  6. RACE White White  7. MARRIED, NEVER MARRIED White  10. STREET ADDRESS (If rurol, give locosion)  3508 Roland Avenue  8. DATE OF BIRTH OSPITAL OR INSTITUTION, GIVE STREET Baltimore  D. STREET ADDRESS (If rurol, give locosion)  3508 Roland Avenue  9. AGE (In yeors lost birthday) Months, Doys How lost birthday Months, Doys How lost birt	der 24 Hrs.
Union Memorial Hospital  D. STREET ADDRESS (If rurol, give locotion)  3508 Roland Avenue  5. SEX   6. RACE   7. MARRIED, NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years list birthday)   Months, Doys   Hour done during most of working life, even if refired)  10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)  12. CITIZEN OF WHAT COUNTRY U.S.A.	rs Min.
3508 Roland Avenue  5. SEX   6. RACE   7. MARRIED, NEVER MARRIED   8. DATE OF BIRTH   9. AGE (in years lost birthday)   6. Single   7. Married, Never Married   8. DATE OF BIRTH   9. AGE (in years lost birthday)   6. Single   7. Married, Never Married   8. DATE OF BIRTH   9. AGE (in years lost birthday)   6. Single   6. DATE OF BIRTH   9. AGE (in years lost birthday)   6. Single   6. Single   6. Single   6. DATE OF BIRTH   9. AGE (in years lost birthday)   6. Single   6. DATE OF BIRTH   9. AGE (in years lost birthday)   6. Single   6. DATE OF BIRTH   9. AGE (in years lost birthday)   6. Single   6. DATE OF BIRTH   9. AGE (in years lost birthday)   6. Single   6. DATE OF BIRTH   9. AGE (in years lost birthday)   6. Single   6. DATE OF BIRTH   9. AGE (in years lost birthday)   6. Single   6. DATE OF BIRTH   9. AGE (in years lost birthday)   6. Single   6. DATE OF BIRTH   9. AGE (in years lost birthday)   6. Single   6. DATE OF BIRTH   9. AGE (in years lost birthday)   6. Single   6. DATE OF BIRTH   9. AGE (in years lost birthday)   6. Single   6. DATE OF BIRTH   9. AGE (in years lost birthday)   6. Single   6. DATE OF BIRTH   9. AGE (in years lost birthday)   6. Single   6. DATE OF BIRTH   9. AGE (in years lost birthday)   6. Single   6. DATE OF BIRTH   9. AGE (in years lost birthday)   6. Single   6. DATE OF BIRTH   9. AGE (in years lost birthday)   6. Single   6. DATE OF BIRTH   9. AGE (in years lost birthday)   6. Single   6. DATE OF BIRTH   9. AGE (in years lost birthday)   6. Single   6. DATE OF BIRTH   9. AGE (in years lost birthday)   12. CITIZEN OF WHAT COUNTRY   13. BATHER'S MAIDEN NAME   14. MOTHER'S MAI	rs Min.
5. SEK   6. RACE   7. MARRIED, NEVER MARRIED   8. DATE OF BIRTH   9. AGE (in years lost birthday)   6. Single   7. Married, Never Married   8. DATE OF BIRTH   9. AGE (in years lost birthday)   6. Single   7. Married, Never Married   8. DATE OF BIRTH   9. AGE (in years lost birthday)   6. Single   7. Married, Never Months, Doys   Hour done during most of working life, even if retired   8. DATE OF BIRTH   9. AGE (in years lost birthday)   6. Single   6. Single	rs Min.
male white Single 2/16-1900 65  10A. USUAL OCCUPATION (Give kind of work) 08. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  Labor Md.  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME	rs Min.
done during most of working life, even if retired)  Iabor  Md.  U.S.A.  13. FATHER'S NAME	?
13. FATHER'S NAME	
Peter Sheffer	
Martin	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	
No 218-05-6226 Walter Shaffer 1114 W.36th.st.	
18. CAUSE OF DEATH INTERVAL ONSET AN	
LEADING TO DEATH  (This does not meen the mode of dying, e.g., heort failure, ostherio, etc. It meens the discose, injury or complication which coused death.)  ANTECENDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C).  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT DISEASE OR CONDITION CAUSING IT DISEASE OR CONDITION CAUSING IT DISEASE OR CONDITION COUNTING TO THE DISEASE OR CONDITION FOR WHICH OPERATION (A) FAITLY METAMORPHOSIS OF THE DIVERS OF THE DISEASE OR CONDITION COUNTING TO THE DISEASE OR CONDITION FOR WHICH OPERATION (C).  194. DATE OF OPERATION (D) 208, IF YES, WERE FINDINGS CONSIDERED (N) CERTIFYING CAUSES OF DEATH?	
yes yes	6
21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimoro City, give exoct locotion) home, form, foctory, street, office bldg., INJURY OCCUR?	
21D TIME (Month) (Doy) (Yeer) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE AT WORK	
22.	
resulted from: Natural causes X Accident Suicide Hamicide Undetermined manner	
ACTUAL SIGNATURE EXAMINER'S  ASSOCIATE MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER  1-5-6	
EXAMINER'S NAME (Type) Rudiger Breitenecker, M.D. ASSOCIATE MEDICAL EXAMINER 1-5-6	Ь
23A. BOSIAL CREMATION 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county)  REMOVAL (Specify)  24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS  JAN 10 1966 P. D. A. E. Farbusha	(Stote)
VS 151-REV. 1/1/65	71



## This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased FUNERAL DIRECTOR: IMPORTANT

	н но. 66 00248	CERTIFICA	ATE OF DEATH Re	egistered Na. 66	) 00230
	AME OF DECEASED		2. DATE AND HO	UR OF DEATH	
		BENJAMIN A.			7 70
3. PI	LACE OF DEATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Where dece	cosed lived. If institution	residence before odm
			MARY LAND	/	5-11
H	OSPITAL OR oddress or locotion	or institution, give street	C. CITY OR TOWN (If outside ci		
11	NSTITUTION		BALTIMORE	ny minis, while RORAL	ond give township?
7	10 SINAI A	POSPITAL	D. STREET ADDRESS (If rurol, g	ive location)	
4	10	7	3406 EDGEWOOD RO	DAD	
5, \$1	EX 6. RACE	7. MARRIED, NEVER MARRIED		(In years If Un	nder 1 Yr. If Under 2
-43	MALE WHITE	WIDOWED, DIVORCED (specify)	last	6/	
	. USUAL OCCUPATION (Give kind of work a during most of working life, even if retired)		Y 11. BIRTHPLACE (Stote or foreign cou	intry) 12. C	TTIZEN OF COUNTRY?
	PHARMACIST	DRUG STORE	LITHUANIA		USA
13. F	FATHER'S NAME		14. MOTHERS MAIDEN NAME		
	ISAAC KRIGER		MARYK ?		
15. V	Was Deceased Ever in U. S. Armed For		17. INFORMANT		ADDRESS
(Tes,	(If yes, give wor or date	s of service) SECURITY NO.	MRS. GERTRUDE KRIG	CED 3/04 ED	CEUDAN NO
_	10	CAUSE	OF DEATH	J400 ED	
	4000				ONSET AND DEAT
	DISEASE OR CONDITION DIF	A	C. 12 to M. 1400 de 21 7	TO ME OT THE	1/2 +/2019
	(This does not mean the made of dying, e.g.,  (A)  DUE TO		Join Iduanius T	- 17/11/07	
	heart failure, asthenio, etc. It means	the disease.			
	injury or camplication which caused	death.)	1	12.	A
		death.)	eterioschioke H	east Disease	5 YEAR
	injury or camplication which caused ANTECEDENT CAUSES	death.)  (B)  DUE TO	cute Myorandian I eturiosclesoke: H	east Disease	5 year
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the above couse (A)	any, giving	eterioschioke H	east Disease	5 year
	injury or complication which caused  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if	any, giving	eterioschioke H	eart Disease	5 YEAR
	injury or camplication which caused  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the above couse (A) UNDERLYING CONDITION tast.	any, giving sloling the (C)			
	injury or camplication which caused  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the above couse (A) UNDERLYING CONDITION tost.  OTHER SIGNIFICANT CONDITIONS COUNTY OF THE DEATH BUT NOT RELA	CONTRIBUTING			5 year
ATION	injury or camplication which caused  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the above couse (A) UNDERLYING CONDITION tast.  II  OTHER SIGNIFICANT CONDITIONS CONTROL TO THE DEATH BUT NOT RELAUSING INTO THE CONDITION CAUSING INTO THE CONDITION CAUSING INTO THE PROPERTION (198. CONDITION) (198. COND	ONTRIBUTING AST DITTON FOR WHICH OPERATION	UM ATIC BrUNCA 120A. AUTOPSY? (Yes or No) 20B.	KITCO IF YES, WERE FINDING	20 yr S
ATION	injury or camplication which caused  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the above couse (A)  UNDERLYING CONDITION tast.  II  OTHER SIGNIFICANT CONDITIONS CAUSING TO THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING I	ONTRIBUTING AST DITTON FOR WHICH OPERATION	UM ATIC BrUNCA 120A. AUTOPSY? (Yes or No) 20B.	kiteo	20 yr S
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AL CERTIFICATION	injury or camplication which caused  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the above couse (A) UNDERLYING CONDITION last,  OTHER SIGNIFICANT CONDITIONS COUSE OF CONDITIONS COUSE OF CONDITION CAUSING 1  19A.DATE OF OPERATION 19B. CON WAS PERIOR	ONTRIBUTING ATED TO THE T.  DITION FOR WHICH OPERATION FORMED    21B PLACE OF INJURY (e.g.,	20A. AUTOPSY? (Yes or No) 20B. IN (	FYES WERE FINDING	20 4R S
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MEDICAL CERTIFICATION	Injury or camplication which caused  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the above couse (A) UNDERLYING CONDITION last,  OTHER SIGNIFICANT CONDITIONS CTO THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING IN THE DEATH BUT NOT RELADISEASE OF CONDITION CAUSING IN THE DEATH STATE OF OPERATION OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year)  OF INJURY	ONTRIBUTING ATTED TO THE T.  CONTRIBUTING ATTED TO THE T.  CONTRIBUTING ATTED TO THE T.  CONTRIBUTING ATTED	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	IF YES, WERE FINDING CERTIFYING CAUSES O	COYR S
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MEDICAL CERTIFICATION	injury or camplication which caused  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the above couse (A)  UNDERLYING CONDITION last,  OTHER SIGNIFICANT CONDITIONS OF COUSEASE OR CONDITION CAUSING IN THE ADISEASE OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21.D. TIME (Month) (Day) (Year)  21.D. TIME (Month) (Day) (Year)  21.D. TIME (Month) (Day) (Year)  4.D. TIME (Month) (Day) (Year)  22. I certify that (I) (this hospital that (I) (we) less saw the decease and haur and fram the causes stated that (I) (We) less saw the decease and haur and fram the causes stated that (I) (We) less saw the decease and haur and fram the causes stated that (I) (We) less saw the decease and haur and fram the causes stated that (I) (We) less saw the decease and haur and fram the causes stated that (I) (We) less saw the decease and haur and fram the causes stated that (I) (We) less saw the decease and haur and fram the causes stated that (I) (We) less saw the decease and haur and fram the causes stated that (I) (We) less saw the decease and haur and fram the causes stated that (I) (We) less saw the decease and haur saw the decease and	CONTRIBUTING ATTENT TO THE T.  CONTRIBUTING TO THE TO THE T.  CONTRIBUTIN	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY O and that in (view the bady after death.	IF YES, WERE FINDING CERTIFYING CAUSES OF THE Boltimore City, and the CCUR?  B. ta	GS CONSIDERED F DEATH? give exoct locotion)  19 death accurred an th
MEDICAL CERTIFICATION	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the above couse (A) UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS OF THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING 1  19.A. DATE OF OPERATION 19.B. CON WAS PERIOR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21.A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21.D. TIME (Month) (Day) (Year) OF INJURY (APPROX.)  22. I certify that (1) (this hospital that (1) (we) lest saw the decease and haur and fram the causes state 123.A. SIGNATURE	CONTRIBUTING ATTENT TO THE T.  CONTRIBUTING TO THE TO THE T.  CONTRIBUTIN	20A. AUTOPSY? (Yes or No) 20B.  In or obout 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY O  iile	IF YES, WERE FINDING CERTIFYING CAUSES OF THE Boltimore City, and the CCUR?  B. ta	GS CONSIDERED F DEATH? give exoct locotion)  19 death accurred an th
MEDICAL CERTIFICATION	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the above couse (A)  UNDERLYING CONDITION last,  OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTION CAUSING IN SIGNIFICANT CONDITIONS OF CONDITION CAUSING IN SIGNIFICANT CONDITIONS OF CONTRIBUTING CAUSING IN SIGNIFICANT CONDITION CAUSING IN SIGNIFICANT CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year)  APPROX.)  22. I certify that (1) (this hospital that (1) (we) less saw the decease and haur and fram the causes stated that (1) (Year)  23C. PHYSICIAN'S NAME, (Type) (Type	CONTRIBUTING ASTED TO THE T.  DITION FOR WHICH OPERATION FORMED  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour) 21E. INJURY OCCURRED  While At Not Who work At Work  At work  and alive an Accuse the deceased from the deceas	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY O it is and that in (view the bady after death.  Mending Med. Stoff Phys. 23D. ADDRESS  350/57. O	IF YES, WERE FINDING CERTIFYING CAUSES OF THE PROPERTY OF THE	GS CONSIDERED F DEATH?  give exoct locotion)  19 death accurred an the location of the locatio
MEDICAL CERTIFICATION	ANTECEDENT CAUSES  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the above couse (A)  UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS OF THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING 1  19.A. DATE OF OPERATION 19.B. CON WAS PERIOR OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21.A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21.D. TIME (Month) (Day) (Year)  OF INJURY (APPROX.)  22. I certify that (1) (this hospital that (1) (we) lest saw the decease and haur and fram the causes stated that (1) (we) lest saw the decease and haur and fram the causes stated 23.A. SIGNATURE  23.C. PHYSICIAN'S NAME, (Typel)  BURIAL CREMATION, 24.B. DATE	CONTRIBUTING ATED TO THE T.  CONTRIBUTING ATED TO THE T.  CONTRIBUTING ATED TO THE T.  CONTRIBUTING ATED ATED ATED ATED ATED ATED ATED ATED	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY O itle in the bady after death.  Med. Stoff Phys. (23D. ADDRESS)  23D. ADDRESS  REMATORY (24D. LOCATIC	IF YES, WERE FINDING CERTIFYING CAUSES OF CCUR?  (If in Boltimore City, 19 CCUR?  3 to 23B. D  23B. D  23B. D  AULS T. —  ON (City, town)	GS CONSIDERED  F DEATH?  give exoct locohon)  19 6  eath accurred an the Considered Cons
MEDICAL CERTIFICATION	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the above couse (A) UNDERLYING CONDITION last.  OTHE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING I  19A. DATE OF OPERATION 19B. CON WAS PERIOR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (APPROX.)  22. I certify that (1) (this hospital that (1) (we) lest saw the decease and haur and fram the causes stated and haur and fram the causes and haur and fram the cause and haur and fram the cause and haur and fram the cause and haur and fram	CONTRIBUTING ATED TO THE T.  DITION FOR WHICH OPERATION    21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)    (Hour) 21E. INJURY OCCURRED   While At   Not Whork    At Work    Attended the deceased fram	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY O ille 1966 and that in (view the bady after death.  Med. Stoff Phys. (23D. ADDRESS)  23D. ADDRESS  REMATORY 24D. LOCATION BALT	IF YES, WERE FINDING CERTIFYING CAUSES OF THE PROPERTY OF THE	GS CONSIDERED  GS CONSIDERED  F DEATH?  give exoct locotion)  19 6  eath accurred an the  ATE SIGNED  TO OF COUNTY)  (S
MEDICAL CERTIFICATION	ANTECEDENT CAUSES  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the above couse (A)  UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS OF THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING 1  19.A. DATE OF OPERATION 19.B. CON WAS PERIOR OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21.A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21.D. TIME (Month) (Day) (Year)  OF INJURY (APPROX.)  22. I certify that (1) (this hospital that (1) (we) lest saw the decease and haur and fram the causes stated that (1) (we) lest saw the decease and haur and fram the causes stated 23.A. SIGNATURE  23.C. PHYSICIAN'S NAME, (Typel)  BURIAL CREMATION, 24.B. DATE	CONTRIBUTING ATED TO THE T.  CONTRIBUTING ATED TO THE T.  CONTRIBUTING ATED TO THE T.  CONTRIBUTING ATED ATED ATED ATED ATED ATED ATED ATED	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY O itle in the bady after death.  Med. Stoff Phys. (23D. ADDRESS)  23D. ADDRESS  REMATORY (24D. LOCATIC	IF YES, WERE FINDING CAUSES OF COUR?  (If in Boltimore City, of CCUR?  3 to Jacomy) (our) apinion do 23B. D  AULS T. — ON (City, town)  IMORE, MARY	GS CONSIDERED F DEATH?  give exact locotion)  19 death accurred an the  PATE SIGNED  1, or county)  (S)  LAND  ADDRESS

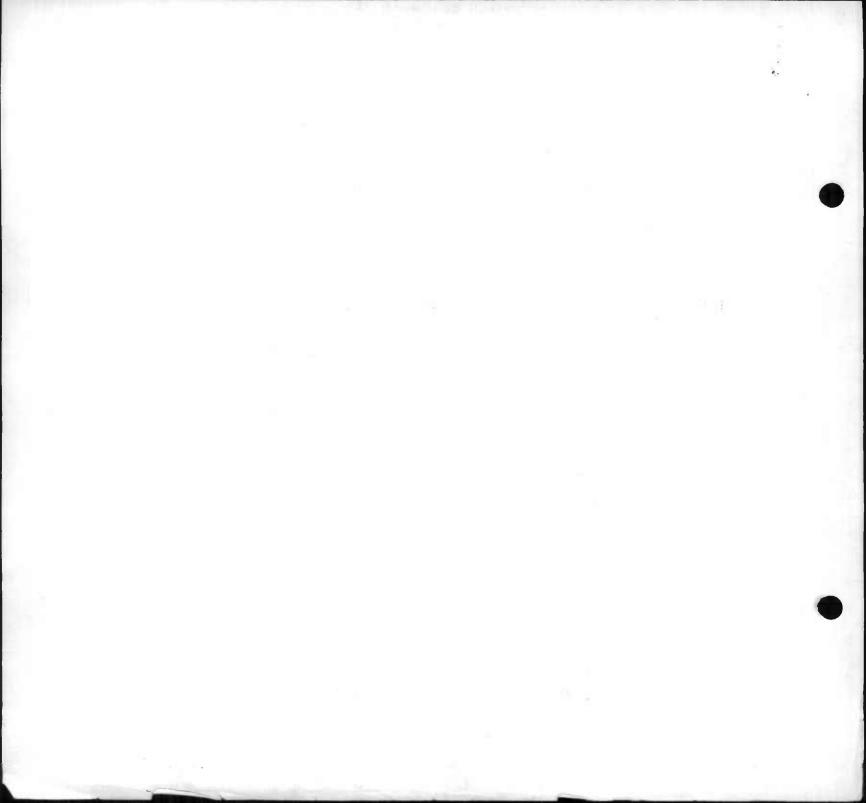
LEERSON OF M

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was D.O.A. at a hospital the body was released shows: (1) An accident

	Y HEALTH DEPARTMENT	00040
BIRTH NO. 66 00249 CERTIFICA	ATE OF DEATH Registered No.	PENDO de
M.E. CASE NO.  1, NAME OF DECEASED (Type or Print)  PAUL MAYOVER	JANUARY 6, 1966	7.410
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institute A. STATE B. COUNTY	ion: residence before admission
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION BELVEDERE NURSING HOME	MARY LAND  C. CITY OR TOWN (If outside city limits, write RUNA BALTIMORE	L and give township)
90 2525 W BELVEDERE AVE	D. STREET ADDRESS (If rurol, give locotion) 6914 FIELDCREST ROAD	
5. SEX MALE  6. RACE WHITE  7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) MARRIED	8. DATE OF BIRTH 9. AGE (In years If Mo 11/16/1896 69	Under 1 Yr. If Under 24 Hrs. nths Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)  TAILOR  GRIEF & CO	T 11. BIRTHPLACE (State or foreign country) 12.  RUSSIA	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	UID1 (
UNKNOWN	UNKNOWN	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)  16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
NO 214-01-3509	MRS. REBA MAYOVER 6914 FIELDO	CREST ROAD
	DF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	all lescular Becident E	1962
The state of the s	retro Va scular Decident E	
ANTECEDENT CAUSES  (8)	Chrometrai tyndrover enerolyer ar knioseleria teorday brenice - Lome.	**************************************
DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stating the (C)	eneralizer ar knioselevin	
UNDERLYING CONDITION losi.	today Brenice - Som.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDI	OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notitly medical examiner)  218. PLACE OF INJURY (e.g., home, form, loctory, street, etc.)	in or about 21C. WHERE DID (If in Baltimore City office bldg., INJURY OCCUR?	y, give exoct locotion)
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX.) While At Work At Work	ile	

MEDICAL DEATH (notily medical examiner) etc.) obtained be 21 D. TIME 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While L (APPROX) Work 22. I certify that (I) (this hospital) attended the deceased from deceased prior to death); written approval must be ond that in (my) (our) opinion death occurred on the date that (1) (we) lost sow the deceased alive on ond hour ond from the couses stoted obove. (1) (We) (did) (Bid not) view the body ofter deoth. 238. DATE SIGNED 23A. SIGNATURE 1/7/66 Med. Director Staff Phys. Attending Phys. M.D. 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS DR. NATHAN NEEDLE 4215 PARK HEIGHTS AVE M.D. 24A. BURIAL CREMATION, REMOVAL (Specily) 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, lown, or county) (Stote) BALTIMORE, MARYLAND BURIAL 1/7/66 HEBREW YOUNG MEN 25B. NAME OF REGISTRAR REISTERSTOWN SOL LEVINSON BROS. INC. 6000 VS 150-REV, 1/1/65



S-	12	- (	)	
	death occurred in a hospital and	Undetermined cause; (5) Deceased	as in regular attendance on the	deceased prior to death. Such
IMPORTANT	or his assistant if d	re of any kind; (4) U	nounced death wa	attendance on the
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular

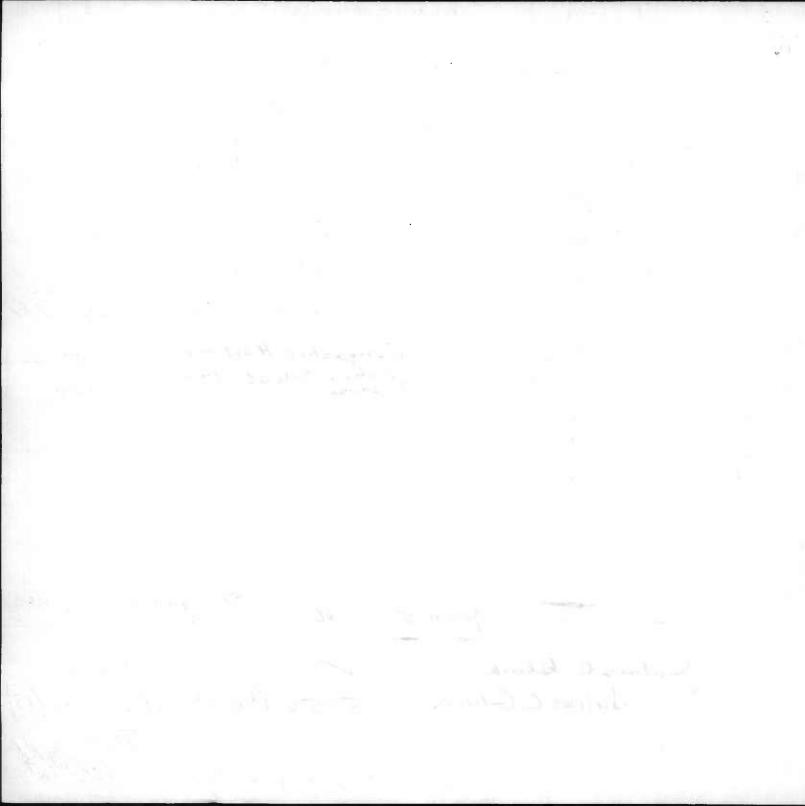
or final disposition is made.

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deceased p

BALTIMORE CITY HEALTH DEPARTMENT 66 00250 Registered Na._ RTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) 66 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE Where deceased lived. If institution: residence before admission) A. STATE COUNTY (If not in hospital or institution, give steel FULL NAME OF HOSPITAL OR oddress or location) Alf-outside city limits, write RURAL and give township INSTITUTION 5. SEX If Under 24 Hrs. Hours Min. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys Hours WIDOWED, DIVORCED (specify) wall OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if setired) MAIDEN NAME 13. FATHER'S NAME 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) ADDRESS-6. SOCIAL 17. INFORMANT SECURITY NO. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., hearl foilure, asthenia, etc. Il means the disease, injuly of complication which coused death.) ANTECEDENT CAUSES DUE TO be obtained before the remains are DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION Iosi. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) OF INJURY (Month) (Doy) (Yeor) (Hour) 21 F. HOW DID INJURY OCCUR? 21E, INJURY OCCURRED While At Not While [ (APPROX) Work At Work 22. I certify that (1) (this haspital) attended the deceased from that (I) (we) last saw the deceased alive an. and that in(my) (🏎) apinian death accurred on the date and haur and fram the causes stated above. (1) (Me) (did) (did not) view the bady after death. 23A_SIGNATURE 23B. DATE SIGNED M.D. Attending Phys. Med. Director Stoff approval 23 PHYSICIAN'S NAME (Type) 23D. ADDRESS M.D. 24A. BURIAL CREMATION, REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION 25A. DATE REC'D BY HEALTH DEPT. VS 150-REV. 1/1/65



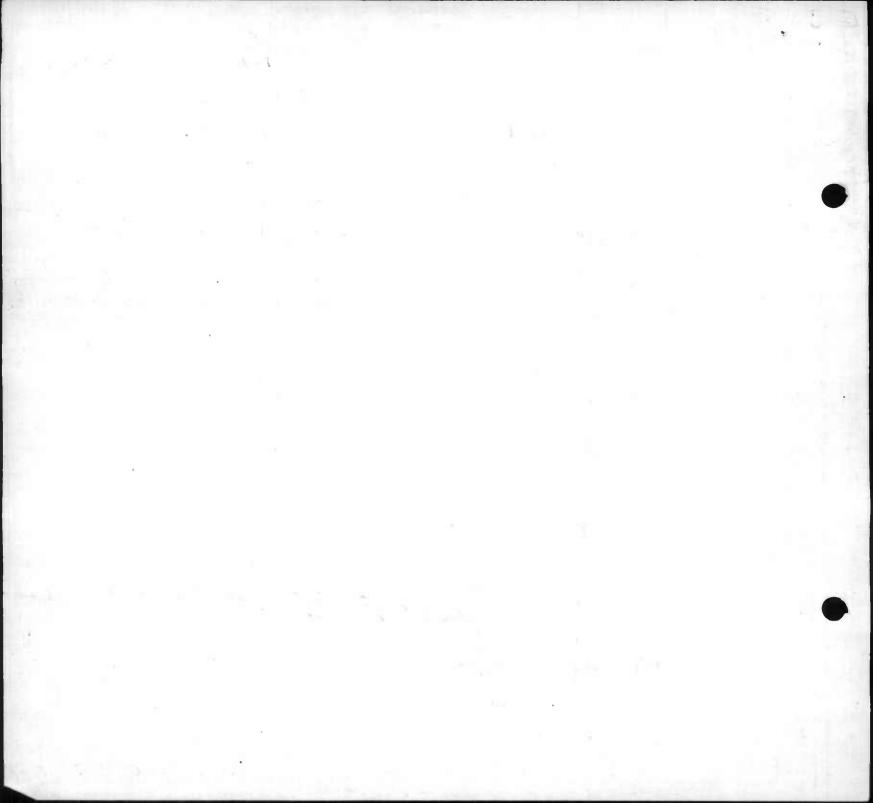
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BALTIMORE CIT	Y HEALTH DEPARTMENT	00 00251
BIRTH NO. CERTIFICA	ATE OF DEATH V Registered No.	66 00251
I. NAME OF DECEASED	2. DATE AND HOUR OF DEATH	
(Type or Print) PHYLLIS & GOODMAN	1-10-66	423 A.M. M
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceosed lived, if ins A. STATE B. COUNTY	
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)	C. CITY OR TOWN (If outside city limits, write R)	
THE JOHNS HORKINS HOSPITAL		VORFOLK V-4
D-601 N BROADWAY 21205	D. STREET ADDRESS (If rural, give location)	
	136 GRANBY PARK	
5. SEX HALE 6. RACE WIDOWED DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday) 39	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KfND OF BUSINESS OR fNDUSTR done during most of working life, every if retired)	Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife set Home	need york celeg	NSA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
NATHAN WOLK	ADDIE LEOPOLD	noralle, Oa
15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)  16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS O
10	William Roadman-	126/grandy
200.1	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Lymphosaciona	31/2 years
(This does not mean the mode of dying, e.g.,  DUE TO	a propried the control of the contro	
hearf failure, asthenia, etc. If meons the disease, injury or complication which caused death.)		
ANTECEDENT CAUSES (B)		0.000.000.000.000.000.000.000.000.0000.0000
DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the (C)		
UNDERLYING CONDITION last.		
Z CYLLER SIGNIFICANY CONDITIONS CONTRIBUTING		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		1.00
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE F	INDINGS CONSIDERED
21B. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID (If in Boltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF home, form, foctory, street,	office bldg., INJURY OCCUR?	city, give exact location
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. FNJURY OCCURRED  While At Not Wh	21F. HOW DID INJURY OCCUR?	
(APPROX.) While At Work At Work	k   4 (1	M (1
22. I certify that (I) (this hospital) attended the deceased fram	12 1 19 66 10 Jan	10 5 19 660
that (I) (we) last saw the deceased alive an	19 and that in (my) (sur) apin	ian death occurred an the date
and haur and from the causes stated above. (I) (We) (did) (did nat)	view the bady ofter deoth.	DATE SIGNED
Michael a. Davis M.D. A.	ttending Med. Stoff Phys.	1-10-66
23C. PHYSICIAM'S NAME (Type) MI CHAEL A. DAVIS M.D	COA #4 DODA	SPITAL
24A. BURIAL CREMATION, 248. DATE / 24C. NAME of CEMETERY C	REMATORY 24D. LOCATION 2120	town, or county) (Stote)
Removal (Specify) Jan 10/66 Forest Lac	on Norfalk, (	)a
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. PANERAL DIRECTOR & WALL	ADDRESS N
JAN 11 1966 OL Canto E. Taylor P.	of sympen veloc -	oco I west loop

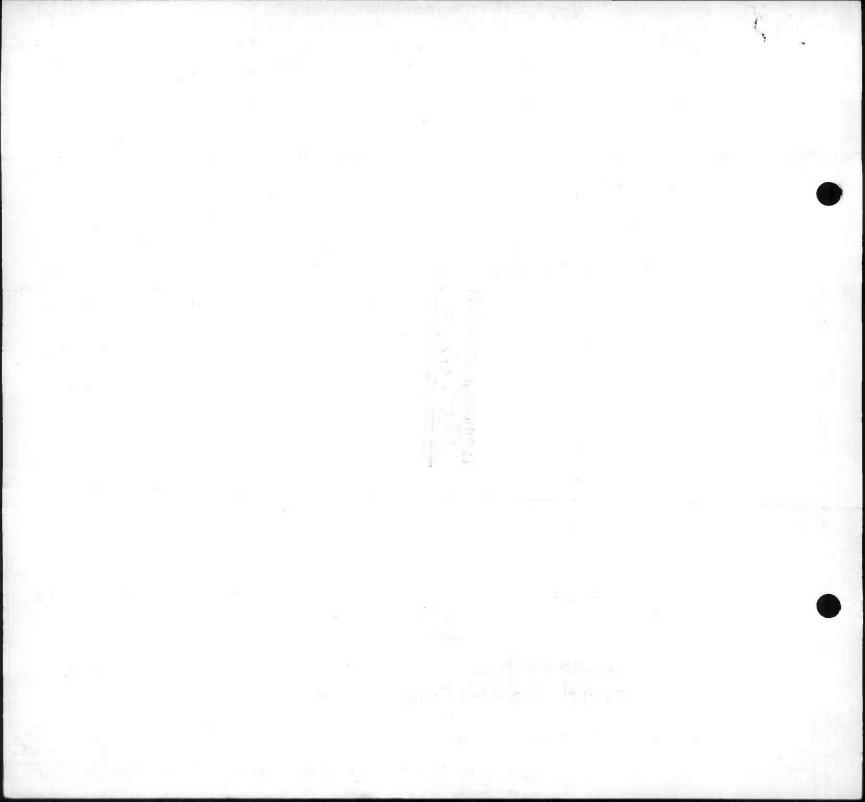
VS 150-REV. 1/1/65

JAN

1966



	20050	BALTIMORE CITY	HEALTH DEPA	RTMENT		CC 00050
	H NO. 66 00252	CERTIFICA	TE OF D	EATH >	Registered No	66 00252
1, N	AME OF DECEASED	5 mil	00.	PATE AND	HOUR OF DEATH	1612:00P
3. P	PLACE OF DEATH IN BALTIMORE, MARYLAND	c mu		B. COUNTY	deceased lived. Wins	titution: residence before admission)
	ULL NAME OF (If not in hospital or institution,	give street	a. STATE	slan	es d	Gelts
	OSPITAL OR address or location)	of Books	C. CITY OR TO	1 19 11 19 sie	descity limits, write R	URAL ond give township).
11	server so give	and or our	D. STREET ADD	DRESS (If ray	ol, sive location	Do
4	<i></i>		260	3 0	Cullips	va/rine
11	nale White "The	ON DIVORCED (specify)	maid 2	17,1913	AGE (In year)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	. USUAL OCCUPATION (Give kind of work 108, KIND 9 eduring most of working life, even if retired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
13-4	Merchant fil	vrien	14. MOTHERS	MAIDEN NAM	-, ma.	104
,	Michael Meller	ó	Ida	- D	aldkerg	
	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	Mes G	sie M	eller-30	ADDRESS OFINE
	18.4-20.11					INTERVAL PETWEEN ONSET AND DEATH
	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	APPROVEI OF STANK	wan Di	ru th	Van bori	- I minute
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease	A 13 DUE TO	, , , , , , , , , , , , , , , , , , , ,	9 11	V GAMPE 31	JIMMOJE
	injury or complication which caused death.)	1014	lu terri	oscler	7120	10 years.
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving	FICATION OF THE STATE OF THE ST		<u> </u>		<del></del>
	rise to the above couse (A) stating the UNDERLYING CONDITION lost.	E 1 2	•••••	· · · · · · · · · · · · · · · · · · ·		
	II	5				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	G				
	19A. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20 A. AUTOPS	Ves or No)	208. IF YES, WERE F	INDINGS CONSIDERED ISES OF DEATH?
U	21A. ACCIDENT WAS UNDERLYING   21I   OR CONTRIBUTING   CAUSE OF DEATH (notify medical examiner)	RPLACE OF INJURY (e.g., in ne, form, foctory, street, of )	fice bldg., INJUR	HERE DID	(If in Baltimore	City, give exact location?
۵	OF INJURY	. INJURY OCCURRED	l l	OM DID INJUI	RY OCCUR?	
	(APPROX)					9 //-
	22. I certify that (I) (this hospital) attended to	71003	Flavo	_		
	and hour and from the causes stated above.				rin(my) (eur) opir	nian death accurred on the date
11 1	23A. SIGNATURE	7 (010 1101)	104 116 5557 5		10	23B. DATE SIGNED
	an Bernste	Phy:	s. 7		taff hy s.	1/10/66
	PALAN BER	NSTEIN.D.	23D. ADDRESS	19 Pa	IRANG P	Baldmore 1.
24A	REMOVAL (Specify)	ME of CEMETERY OF CRE	MATORY	24D. 10	CATION (Cit	y, town, or county) (Stote)
Le C	Dural Jan 10/66 / a	mai sona		1/0/	allumo	Le Manuelle Politice
IIZJA	JAN 11 1966 (20.5)	of registrar	Stop O P	REDIRECTOR POLICE	n or Mis	2 - hon Koint
VS	150-REV. 1/1/65	C. Claritation	Van ay	STATE OF	Vec	- over and



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

		LTIMORE CITY	HEALTH DEPARTMENT		00.000
	H NO. 66 (10253 C)	ERTIFICA	TE OF DEATH	Registered No	66 00253
1. N.A	CASE NO.	11:01	- 2 PATE AN	D HOUR OF DEATH	110450
	or Print) Jacob Jack	KIU	Janes	Ou 9/19	66 2 PM.
3. PL	LACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. SOUN	e decepsed lived. If ins	titution: residence before odmission)
FL	ULL NAME OF (If not in hospital or institution, give street		Maylar	0	28-31
	OSPITAL OR oddress or occition	100	C. CITY OR TOWN (If outs	side city limits, write RI	JRAL and give township)
16	6100 runninguis	7	DE STREET ADDRESS (A)	rupl, give Micotion)	1
H		land	6930 KM	lenheigh	to Road
5. SE	6. RACE 7. MARRIED, NEVER A WILDOWSO, DIVORI			ost bindadoy	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINES	S OR INDUSTRY	11. BIRTHPLACE (Softe or loreig	gn country)	12. CITIZEN OF
done	during most of working life, even if retired)		Kusa	110-	WHAT COUNTRY?
13. F.	ATHERS NAME		14. MOTHER'S MAIDEN NAM	AE .	no11
	Thorris Kill		Esther	53	P.
	Vas Deceased Ever in U. S. Armed Forces? no orunknown) (If yes, give wor or dotes of service) SECU	AL JRITY NO.	17. INFORMANT	11 -04- 11	MODRESS ACCOR
	no		Mis ICRE N	Lett-69	30 Elesheights
1	18. 420.01	CAUSE O			INTERVAL BETWEEN ONSET AND DEATH
	DÍSEASE OR CONDITION DIRECTLY LEADING TO DEATH	A.T	triosclerotic,	Hoart Ass.	1118.
	(This does not meon the mode of dying, e.g.,	DUE TO	ay wow ac	HOUSE NOT	740.
	hearl foilure, osthenia, etc. It means the diseose, injury or camplication which coused death.)				
	ANTECEDENT CAUSES	DUE TO		7	
1 (	DISEASES OR CONDITIONS, it ony, giving rise to the above couse (A) stating the	(C)			
	UNDERLYING CONDITION lost.	(C)			
7	11		1 0	- 4	
121	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	PURZINA	of about an	the rewite	7 2 mass
CA	DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH O	PERATION	20A. AUTOPSY? (Yes or No)		NDINGS CONSIDERED
ERTIFIC	WAS PERFORMED	V		IN CERTIFYING CAU	SES OF DEATH?
0	27A. ACCIDENT WAS UNDERLYING 21B. PLACE CONTRIBUTING CAUSE OF CONTRIBUTION CAUSE OF C	OF INJURY (e.g., in loctory, street, of	or obout 21C. WHERE DID	(If in Boltimore	City, give exact location)
0	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY	OCCUPRED	21 F. HOW DID INJU	IRV OCCILEZ	
5	OF INJURY (APPROX.) While At	Not While		JRI OCCUR:	
	Work L	At Work	000	p 1500	1000
	22. I certify that (I) (this haspited) attended the deser				Jan. 7, 1966.
	//-	/		at in (my) ( <del>aur)</del> aplit	ian death accurred an the date
	and haur and from the causes stated abave. (1) (1) (1)	did) ( <del>did-not</del> ) v	lew the bady after death.		23B. DATE SIGNED
	maning Moldoforia	M.D. Atte	nding Med.	Stoff	1/10//
2	23C. PHYSICIAN'S	Phy	S. Director 23D. ADDRESS	Phys.	1/10/66
	NAME (Type) MARVIN GOLDS	TEINA.D.	5334 4	BERTY 6	ATS AVE
24A.	PURIAL CREMATION, 24B. DATE 24C. NAME OF C	EMETERY OF CRE	MATORY 24D. LC	CATION (City	, town, or county) (Stote)
1:	Dunal Han 1966 120	brocek	er Verein 11	Reday	3 / Md
25A. DATE REC'D BY HEALTH DEPT.   258. NAME OF REGISTRAR   25C. FUNERAL DIRECTOR   ADDRESS					
	JAN 11 1966 Politic talendol fellowson & Live 6000 Klest Rd				
VS 1	50-REV. 1/1/65				

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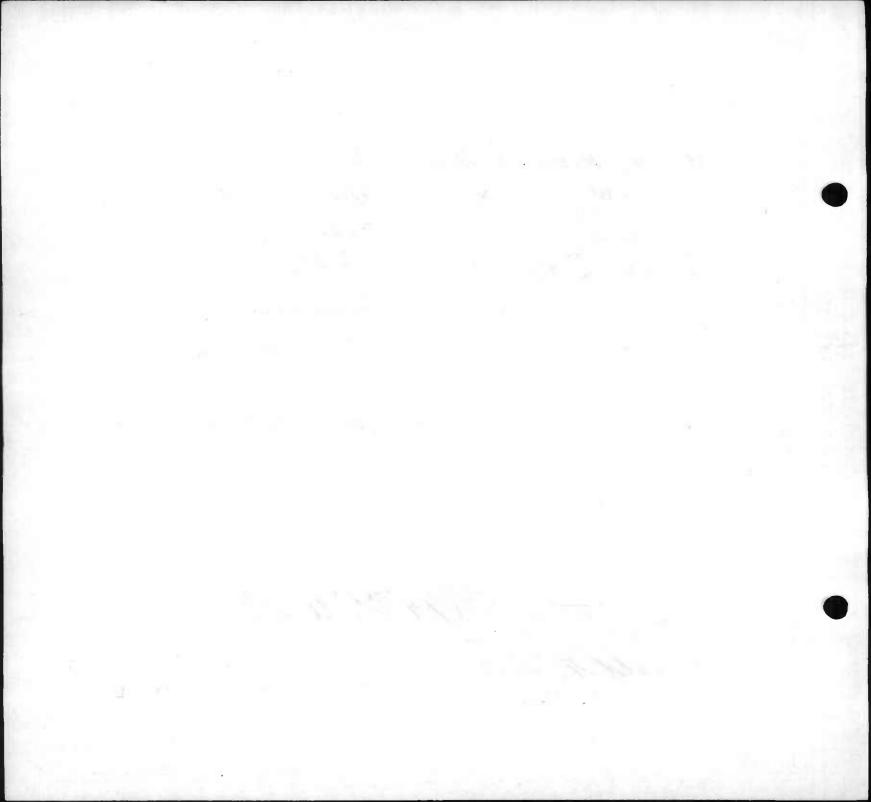
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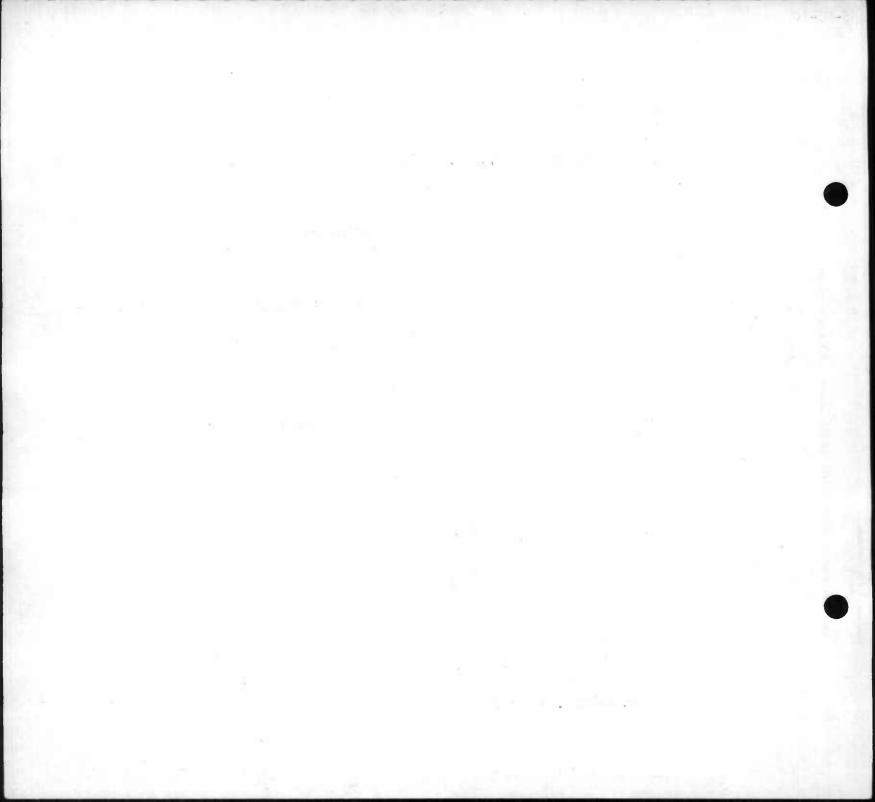
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	a com	BALTIMORE CITY	HEALTH DEPARTMENT		66 00254
	TH NO. 66 00254	CERTIFICA	TE OF DEATH	Registered Na	00 00001
1. N (Typ	PLACE OF DECEASED  PLACE OF DEATH IN BALTIMORE, MARYLAND	2 White	Janu  14. USUAL RESIDENCE (Where		6 515 h
H	FULL NAME OF (If not in hospital or institution, give address or location) NSTITUTION	e street	Maryland C. CITY OR TOWN, (II out:		27-01  JRAL ond give township)
1	Guien Memorial	2/2-5	Baltimor  D. STREET ADDRESS (III	urol, give locotion)	14-
5. S	SEX   6. RACE   7. MARRIED, N	EVER MARRIED DIVORCED (specify)		O. AGE (In years ost birthday)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
done	USUAL OCCUPATION (Give kind of work 10B, KIND OF Be during most of working life, even it retired)	USINESS OR INDUSTRY	11. BIRTHPLA CE (Stote or foreign)  13 a / Note  14. MOTHER'S MAIDEN NAM	Maryland	12. CITIZEN OF WHAT COUNTRY?
	John Day	4.505141	ELLa	Mae	ADDRESS
Yes	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (It yes, give wor or dotes of service)	6. SOCIAL SECURITY NO.	Huskand		5 and
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the made of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION tast.	(B) DUE TO	cute Myo caro	dial hufar	Disease
ICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WI	HICH OPERATION	20 A. AUTOPSY? (Yes or No	208. IF YES, WERE FI	NDINGS CONSIDERED
AL	WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING   218. P OR CONTRIBUTING   CAUSE OF DEATH (notify medical examiner)	LACE OF INJURY (e.g., i lorm, foctory, street, o	in or obout 21 C. WHERE DID Infine bidg, INJURY OCCUR?	(If in Boltimore	City, give exact location)
O	21D. TIME (Month) (Doy) (Year) (Hour) 21E, I	NJURY OCCURRED	21F. HOW DID INJ	IRY OCCUR?	
MEDI	(APPROX.) . While Work		le _	//	/-
	(APPROX.)  22. I certify that (I) (this hospital) attended the that (I) (we) last saw the deceased alive on and haur and from the causes stated above. (I)  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)	Me) (did) (did nat)	1 19 and the view the bady after death.	9 ( ta	ian death accurred an the
24A	(APPROX.)  22. I certify that (I) (this hospital) attended the that (I) (we) last saw the deceased alive on and haur and from the causes stated above. (I)  23A. SIGNATURE  23C. PHYSICIAM'S NAME (Type) DONALD A. HALL  A. BURIAL CREMATION, 24B. DATE  24C. NAM REMOVAL (Specily)	Not Whit At Work deceased from (We) (did) (did nat)	1 19 and the view the bady after death.  ending Med. Director Director UNION MEDITION MEDITIO	of in(my) (aur) apin  Stoll Phys.   MORIAL HOS	ian death accurred on the c





This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

			BALTIMORE CIT	Y HEALTH DEPARTMENT		00 00000
BIRTH NO.	66 00256		CERTIFICA	ATE OF DEATH	Registered No	. 66 00256
1. NAME O	DECEASED			2. DATE A	AND HOUR OF DEAT	Н
(Type or Prin	Berlie	Day			8/66	11:00 a. M.
3. PLACE C	F DEATH IN BALTIMORE, MA	ARYLAND		A. STATE B. COU	INTY	institution: residence before admission)
FULL NA HOSPITA INSTITUT	L OR oddress or location		give street	c. city or town (If a	ICL putside city limits, write	e RURA(L ond give township)
43				D. STREET ADDRESS	e If rurol, give location)	53-00
Sout	h Baltimore Gene	eral Hos	pital	1915 Snyder A	venue Bal	to. 22. Md.
5. SEX Male	6. RACE White		NEVER MARRIED D, DIVORCED (specify) WET	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	OCCUPATION (Give kind of wornost of working life, even if retired)	108. KIND OF	BUSINESS OR INDUSTR	Tennessee	reign country)	12. CITIZEN OF WHAT COUNTRY?
	tired					ODA
13. FATHER	SNAME			14. MOTHER'S MAIDEN N.	AME	
Rob	ert Day			Emma Bacon		
15. Was Dec (Yes, no or un	ceased Ever in U.S. Armed Fo known) (II yes, give wor or do	rces? es of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
					rim 1915 Sn	yder Ave. 21222
18.2	SISEASE OR CONDITION DE	RECTLY	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH		(A) Cer	elva vasc	was all	rident
	laes nat mean the mode o		DUE TO		tud No. More a Estado a April a acada de a 20	En 275 e e e e e e e e e e e e e e e e e e e
	or complication which cause		T.	n+ -1	0 0	
	ANTECEDENT CAUSE	S	(B) 1	abolls ch	mulsten	( - Julia
DISEAS	SES OR CONDITIONS, if	any, giving	Due 10	S	_	
	o the above couse (A) RLYING CONDITION last,	stating the	(C)	macme		
UNDE	KLTING CONDITION IGSI.					
O OTHER	SIGNIFICANT CONDITIONS OF THE DEATH BUT NOT RELEASE OR CONDITION CAUSING	ATED TO TH	G E			200
	TE OF OPERATION 198. COL		WHICH OPERATION	NO	No) 20B. IF YES, WER	E FINDINGS CONSIDERED CAUSES OF DEATH?
OR CO	CCIDENT WAS UNDERLYING NTRIBUTING CAUSE OF	218 hom etc.	e, form, foctory, street,	in or about 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltim	nore City, give exact location)
□ 21 D. T/		(Hour) 21 E	INJURY OCCURRED	21 F. HOW DID IN	NJURY OCCUR?	
2 01 1143	OF INJURY (APPROX.) While At Not Whi Work At Work		ile		Mildegerd	
22.1-	22. I certify that (4) (this hospital) attended the deceased fram 1/1/66 19 to 1/8/66 19					7/9///
thot-X0	) (we) last saw the deceas	ed alive on	1/8/66	19 and	1910	pinion death accurred on the date
and ho	ur and fram the couses sto	ited above. (i	(We) (did) (did not)	view the body after death	•	
23A. SIC	23A. SIGNATURE				238. DATE SIGNED	
	Attending Phys.			tending Med.	Stolf Phys.	1/8/66
23C. PH	YSICIAN'S ME (Type)	U	44.5	23D. ADDRESS South	Baltimore (	General Hospital
24A. BIIDIA	J. MUNZ	NER, M.I	AME at CEMETERY or CI	1213 1	Light Street	t
REMO	VAL (Specify)					(City, town, or county) (State)
Bur			k Lawn	Ba	altimore Co	
25A. DATE	JAN 11 1965	25B. NAME C	F REGISTRAR	Ullrich Funer		ndalk, Md.
VS 150-REV. 1/1/65						



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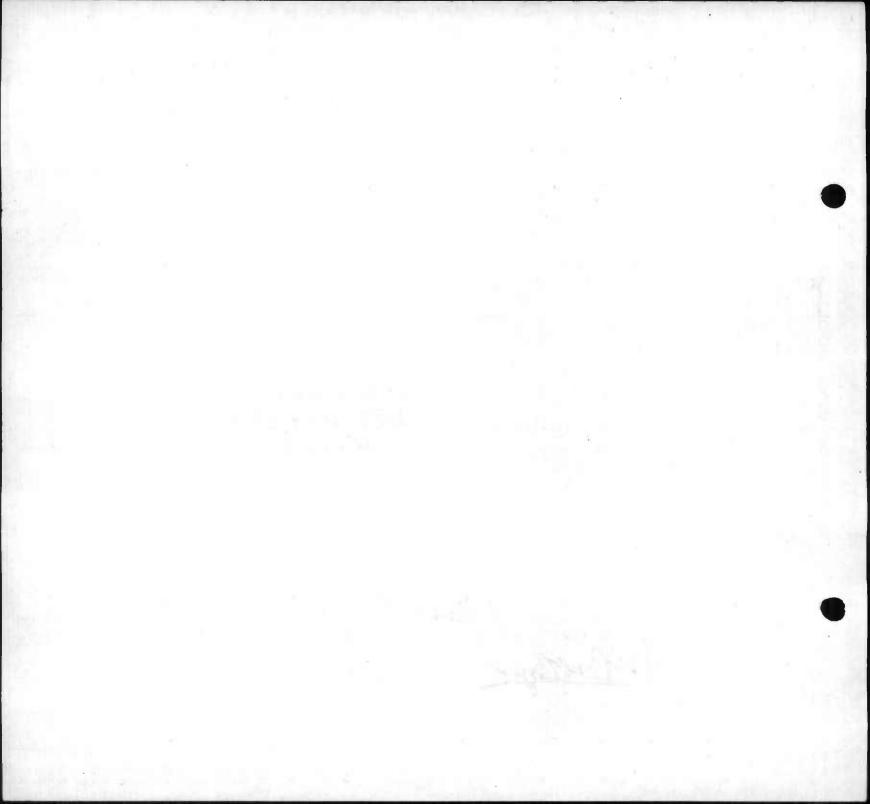
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BALTIMORE CITY HEALTH DEPARTMENT Registered Na._ CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) MARGARET F. SCHMIDT January 7, 1966 eath. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
A. STATE
B. COUNTY A. STATE Md. Baltimore FULL NAME OF (If not in haspital at institution, give street HOSPITAL OR oddiess or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION Towson prior D. STREET ADDRESS (If rural, give location) 1636 Lockwood Rd. 8164 Loch Raven Blvd. made MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 24 His. 5. SEX 6. RACE If Under 1 Yr. Months: Doys eceased last birthday) Hours WIDOWED, DIVORCED (specify) Female Widowed 11-28-87 78 Cauc. isposition is IDA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working lile, even it retired) USA Maryland T 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the Leonard Schaldach 0 T ADDRESS 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMANT final (Yes, no ar unknown) (If yes, give war ar dates of service) SECURITY NO. attendance Mrs. Margaret Brown 1636 Lochwood Rd. CAUSE OF DEATH INTERVAL BETWEEN 0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY balmed LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It meons the diseose, regular injury or camplication which caused death,) em ANTECEDENT CAUSES DUE TO are DISEASES OR CONDITIONS, if any, rise to the above cause (A) stoling the before the remains UNDERLYING CONDITION last. MOS CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20 A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY le.g., in or about 21 C. WHERE DID (If in Baltimare City, give exact location) home, form, factory, street, office bldg., INJURY OCCUR? OR CONTRIBUTING CAUSE OF å MEDICAL DEATH (notify medical examined be obtained (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY While At Not While (APPROX) and Work At Work 22. I certify that (1) (this hospital) attended the Aceased fram death); that (1) (we) last saw the deceased alive an and that in(my) (aur) opinion death accurred an the date and haur and fram the causes stated abave. (I) (He) (dld) (did nat) view the bady after death. must 23A. SIGNATURE 238 DATE SIGNED Attending Phys. Stoff M.D. Med. 9 Director Phys. approval 23 C. PHYSICIAN'S 23D. ADDRESS prior NAME (Type) M. Paul Byerly 5820 York Road 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION eceased (City, town, or county) REMOVAL (Specily) written Burial 1-10-66 Parkwood Baltimore Co., Md. 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS Uhlrich Funeral Home Baltimore, Md.

VS 150-REV, 1/1/65



## contributing occurred (4) Undetermined regular deceased Ξ MOS the direct IMPORTANT death LO kind; attendance any Also, regular DIRECTOR: 3 physician MOS FUNERAL physician (2) Body the 0 where hospital °Z nature; 9 approved (except and any

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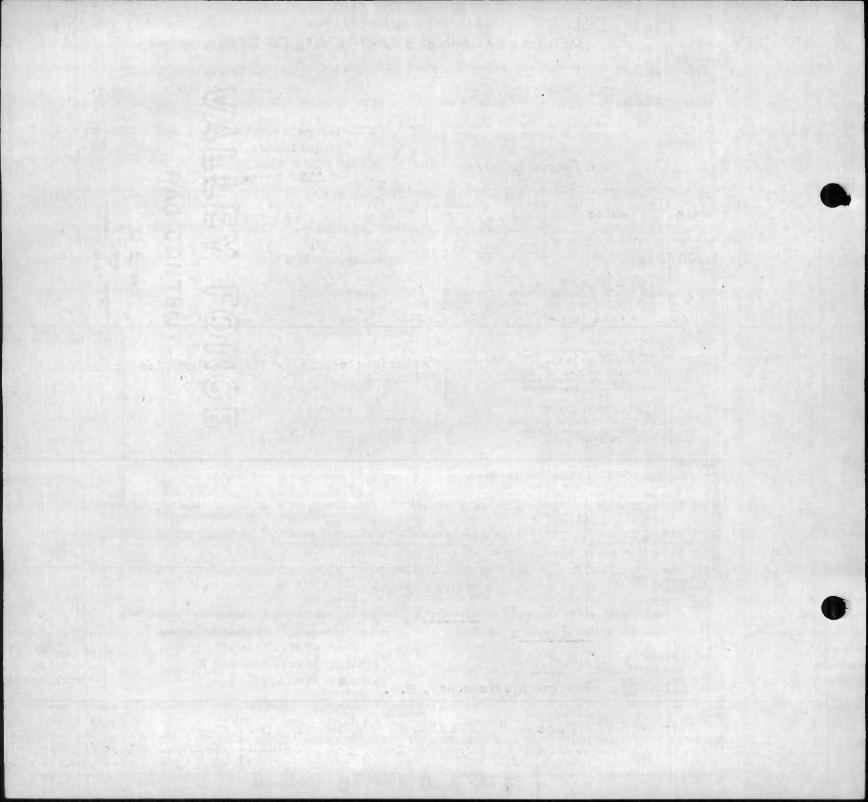
BALTIMORE CITY HEALTH DEPARTMENT 66 00258 Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) 4. USUAL RESIDENCE (Where deceases Joseph Paul Morton
3. PLACE OF DEATH IN BALTIMORE MARYLAND Maryland (If not in haspital or institution, give street FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If autside city limits, write RURAL and give township) INSTITUTION BALTIMORE CITY HOSPITALS Baltimore 4940 Eastern Avenue D. STREET ADDRESS (If rural, give lacation) Baltimore . Marvland 21224 633 South Pulaski Street 21223 (f Under 1 Yr. If Under 1 Hours B. DATE OF BIRTH 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 24 Hrs. WEVER HYDECED (pecify) lost birthdov White Male 11-14-1920 OA USUAL OCCUPATION Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A. Maryland BUTCHER 13. FATHERS NAME 4. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Farces? (Yes,no ar unknown)(If yes, give war ar dates af service) 6. SOCIAL SECURITY NO 21224 Records: BCH-4940 Eastern Avenue No NONE 215-24-2044 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OF CONDITION DIRECTLY LEADING TO DEATH Congestive Heart Failure 5 days (This does not mean the mode of dying, e.g., heart failure, ostherio, etc. Il meons the diseose. injury or complication which coused death.) Mitral Stemosis 5 years ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if ony, giving Rheumatic Heart Disease rise to the above cause (A) stoting the UNDERLYING CONDITION lost. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes ar No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING 21 & PLACE OF INJURY (e.g., in or about 21 C. WHERE DID hame, farm, foctory, street, office bldg., INJURY OCCUR? (If in Baltimare City, give exact location) OR CONTRIBUTING CAUSE OF MEDICAL DEATH (natify medical examiner) etc 1 21D. TIME (Manth) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY Nat While While At (APPROX.) At Wark Wark 1-6-66 22. I certify that (I) (this hospital) attended the deceased fram 19 66 that (1) (we) last saw the deceased alive on..... 1-6 ond that in (my) (our) apinian death occurred an the date ond hour and fram the causes stated abave. (1) (We) (did) (did not) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED Attending Phys. Staff Med. Director 23 C. PHYSICIAN'S 23D. ADDRESS NAME (Type) M.D. 4940 Eastern Avenue, Baltimore, Maryland J. Patrick Caufield 24A. BURIAL CREMATION 248. DATE 24C. NAME of CEMETERY OF CREMATORY 24D, LOCATION (State) REMOVAL (Specify) BURIAL NEW CAThE 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR

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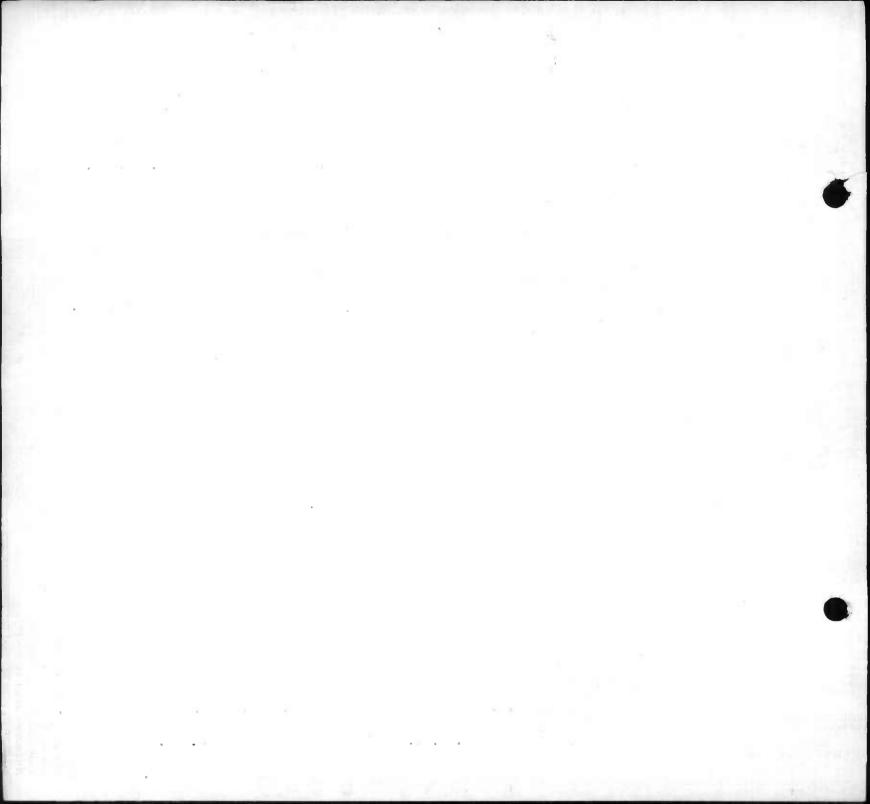
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, 1	66 00259 BALTIMORE CITY HEALTH DEPARTMENT 66 00259
7-000	BIRTH NO. MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No
ALUMAN STATE	1. NAME OF DECEASED  2. DATE AND HOUR PRONOUNCED DEAD
	WILLIAM F. LEE Se January 9, 1966   1:40 Am.
THE PERSON NAMED IN	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD [4. USUAL RESIDENCE (Where deceosed lived, Il institution: residence before odmission)
	A, STATE B, COUNTY Maryland
	HOSPITAL OR ADDRESS OR LOCATION). GVE STREET C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
	Baltimore 2005
	Bon Secour Hospital  D. STREET ADDRESS (If rurol, give locofion)  2224 Ramsey St.
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years   II Under 1 Yr.   Under 24 Hrs.   WIDOWED, DIVORCED (specify)   Months, Days, Hours, Min.
	male white MARRIED NOV. 22, 1909 56
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)
	done during most of working life, even if retired)  REPAIRMAN  ELEUN TORS  MARYLAND  WHAT COUNTRY?  Y-S-H
	13. FATHER'S NAME LESH TORS. THRYLAND Y-J-H.
STATE OF STREET	WILLIAM LEE CECELIA WOLF.
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS
	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.
NAME OF TAXABLE	YES WORLD WAR II 218-01-0289 IdA M. LEE 2224 RAMSAY ST.
	CAUSE OF DEATH  INTERVAL BETWEEN ONSET AND DEATH
ELECTRIC TO SET	DISEASE OR CONDITION DIRECTLY
	LEADING TO DEATH  (This does not mean the mode of dying e.g., DUE TO
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
The party of the last	
	ANTECENDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING  DUE TO
	RISE TO THE ABOVE CAUSE (A) STATING THE
	UNDERLYING CONDITION LAST.
MINTER OF STREET	
BERTHAMPTON COLD	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
	L DISEASE OF CONDITION CALISING IT
Control of the last	19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 208. IF YES, WERE FINDINGS CONSIDERED
	WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?
	21A, EXTERNAL CAUSE WAS  21B, PLACE OF INJURY (e.g., in or obout 21C, WHERE DID (If in Boltimore City, give exact location)  UNDERLYING □OR CONTRIB-    Control   Con
	UNDERLYING OR CONTRIB-   Indian Control Contro
	21D TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR?
	OF INJURY WHILE AT NOT WHILE
	m. WORK AT WORK
	I certify that I held an Inquiry Inspection X Autopsy and that an this basis, death in my opinion
	resulted fram:, Natyral gauses X Accident Suicide Hamicide Undetermined manner
	CHIEF MEDICAL EXAMINER
	ACTUAL ASSISTANT MEDICAL EVANINED X
	ASSOCIATE MEDICAL EVALUATION 1-9-66
THE RESERVE TO THE RE	NAME (Type) Rudiger Breitenecker, M/D.
	23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county) (Stote)
	BugiAL 1-12-66 BALTIMORE NATIONAL BALTIMORE Md
	24A. DATE REC'D BY HEALTH DEPT.   24B. NAME OF REGISTRAR   24C. FUNERAL DIRECTOR   ADDRESS
THE RESERVE OF THE PERSON OF T	JAN 11 1966 P. C. Schwab Runganh House Go
	Haning I meller 2 101 Andlice an



6	2	5	
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the (	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	if death occurred sect or contributi	(4) Undetermined was in regular	the deceased pr sposition is made.
: IMPORTANI	r or his assistant . Also, if the dir	ure of any kind; ( oncounced death	r attendance on almed or final di
FUNERAL DIRECTOR: IMPORTANT	medical examine medical examiner	burns; (3) A fractiphysician who pr	; and (6) No physician was in regular attendance on the deceased pri obtained before the remains are embalmed or final disposition is made.
FUNE	roved by the chief he hospital by a	y nature; (2) Body xcept where the	and (6) No physici btained before the
	icate must be app was released to th	An accident of an Lata hospital (e	deceased prior to death); a written approval must be ol
	This certifi	shows: (1) was D.O.A	deceased written ap

00 00360	BALTIMORE CITY	HEALTH DEPARTMENT		66 00260	
BIRTH NO. 66 00260	CERTIFICA	TE OF DEATH	Registered Na	00 00200	
M.E. CASE NO.  1. NAME OF DECEASED		2. DATE A	ND HOUR OF DEATH		
(Type or Print) OLIVER S, ERIC	KSON	1/	9/66	1935 AM	
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (WHA, STATE B. COU	ere deceased lived. If in	stitution: residence before admission)	
				711-021	
FULL NAME OF (If not in hospital or institution oddress or location)	on, give street	Maryland	C. CITY OR TOWN (If outside city limits, write RURAL and give town hip)		
INSTITUTION		Baltimore			
40			f rurol, give location)		
South Baltimore General H	ospital	635 E. Fort A	venue Balt	o. 30. Md.	
5. SEX   6. RACE   7. MARRI	ED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	
Male White Sin	WED, DIVORCED (specify) 외교	1/15/1898	lost birthdoyl	Monms Doys Hours Min.	
10A, USUAL OCCUPATION (Give kind of work 10 8, KIND		1 -1 -		12. CITIZEN OF	
done during most of working life, even if retired)		7		WHAT COUNTRY?	
Seaman Merc.	hant Marine	Louisiana		USA	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AWE		
Peter Erickson		Martha Summer	'S		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service	e) SECURITY NO.	17. INFORMANT		ADDRESS	
	217 14 0036	Mrs. Patricia	מברו וופע	William St.	
Yes # 1	CAUSE O		nam. may	INTERVAL BETWEEN	
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH	
LEADING TO DEATH	in Aci	Te Myocard	Peal Tofant	5 30YS	
(This does not mean the mode of dying, e		7			
hearl failure, asthenia, etc. It means the disea injury ar camplication which coused death.)	se,	0 -			
ANTECEDENT CAUSES	(8)	ASCUD			
DISEASES OR CONDITIONS, if any, giv					
rise to the obave cause (A) stating					
UNDERLYING CONDITION last.					
	Puli	nonery Empl	nyseme		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE	7	3		
DISEASE OR CONDITION CAUSING IT.	OR WHICH OPERATION	D TBC	Vol. 208 IE VES WERE I	FINDINGS CONSIDERED	
198. CONDITION FOR WAS PERFORMED	OK WHICH OF EKATION	NO.	10 208. IF YES, WERE F	USES OF DEATH?	
U 21A. ACCIDENT WAS UNDERLYING	218 PLACE OF INTERY (e.g., in		(II in Boltimore	City, give exact location)	
	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	ffice bldg., INJURY OCCUR?		on,, greenant toosion	
U	21E INJURY OCCURRED				
OF INJURY (Month) (Doy) (Year) (Hour)	21F. HOW DID IN	IJURY OCCUR?			
(APPROX.)	e 🗀		4		
22. I certify that (t) (this hospital) attende	d the deceased from /	1/4	19 66 ta	1 9 1966	
that () (we) last saw the deceased alive o	/ 6	19 6 C and 1		nian death accurred an the dat	
and have and from the causes stated above	//			man death deconed an ine day	
23A. SIGNATURE	(i) (we) tend) (ala nat) v	lew the bady after death	•	23 B. DATE SIGNED	
The state of the	Stoff -	234 5411 451115			
Caran /	M.D. Atte		Phy s.	119166	
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS			
ALLEN FREY, M.I	). M.D.	South Balto. G	en. Hosp ]	1213 Light St.	
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily)	NAME of CEMETERY OF CRI	EMATORY 24D.		ty, town, or county) (State)	
	Balto. U. S. Na	tional	Balto. Md		
	NE OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS	
JAN 11 1966 P.P.	SE Fallyma.	Mc Cully		F Fort Ave	
VS 150-REV. 1/1/65		0 0 5	130	E. Fort Ave	
	247 387 977	1 1 1 NO	7		



	FUNERAL DIRECTOR: IMPORTANT	R: IMPORTANT	
This certificate must be approved by the chief medical examiner or his assistant if death occur	the chief medical exami	ner or his assistant	if death occur
the body was released to the hospital by a medical examiner. Also, if the direct or contrib	al by a medical examin	er. Also, if the dire	ect or contrib
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermin	(2) Body burns; (3) A fra	cture of any kind; (	(4) Undetermin
was D.O.A. at a hospital (except where the physician who pronounced death was in regul	ere the physician who	pronounced death	was in regul
deceased prior to death); and (6) No physician was in regular attendance on the deceased	o physician was in regu	ar attendance on	the deceased
and the second second and the second	the same about the same and a same and	the lead or the mind	And of the party

1	BALTIMORE CI	ITY HEALTH DEPARTMENT
BI	TH NO. 66 00261 CERTIFIC	ATE OF DEATH Registered No. 66 00261
	E. CASE NO. NAME OF DECEASED LANDGRAP	2, DATE AND HOUR OF DEATH
(T	pe or Print) MRS HELEN LAW GRAF	1.7.66 9+00A
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
		LARY USW & BACTWICKE
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location)	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
	Church Home Hospit	A BACTIMORE 53 as
,	en auch 17000	D. STREET ADDRESS (If rurol, give location)
)	7	1018 Che saco Av.
5.	SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years   if Under 1 Yr. If Under 24 Hrs.   Months; Doys   Hours   Min.
	F M mi downel	June 13, 1897 68
	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUST ne during most of working life, even if retired)	RY W. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
ac	Housewife at home	BALTYMORE Md. UPA
13	FATHERS NAME	14. MOTHER'S MAIDEN NAME
	- Raymond Dashiell	LIARCHIE + BYYNTYNYNY Graf
2	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	MARGARET BOXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
(Y	ss, no or unknown) (If yes, give wor or dotes of service)	Theresa Kehring, dght. Trumps Mill Rd.
	276	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	vorubo eytopenia
	(This does not meon the mode of dying, e.g., DUE TO	wasine amorage 3 mg
	heart foilure, osthenio, etc. It means the disease,	, , ,
	injury or complication which coused death.)	combo en to sem a
	ANTECEDENT CAUSES  OUE TO	
	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the (C)	
	UNDERLYING CONDITION lost.	
	The second secon	
1	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
ATI	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
Olai	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
COT	×	YES
-	OR CONTRIBUTING CAUSE OF home, form, factory, street,	g., in or about 21C. WHERE DID III in Boltimore City, give exact location) office bldg., INJURY OCCUR?
	DEATH (notify medical examiner) etc.)	
2	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
AAR	(APPROX.) While At Work Not W	While
	22. I certify that (I) (this hospital) ottended the deceased from	1. 4 - 62 19 to 1. 7. 66 19
	that (1) (we) lost sow the deceased glive on 1 2 6 5	
	ond hour and from the causes stated above. (1) (We) (did) (did not	
	22 1	Attending Med. Stoff M
		Phys. Director Phys. 7.7.66
	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
	Roclotto 1. WHAPANTAN M.	.D.
2	A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF	CREMATORY 24D. LOCATION (City, town, or county) (Stote)
	Burial 1/11/66 Holy Redeem	er Cem. Baltimore, Md.
2	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	
	JAN 11 1966 R.O. A. E. Jalens	Schimunek Funeral Home, Inc. 2321 Brobms Lane
	150-REV 1/1/65	3331 Brehms Lane

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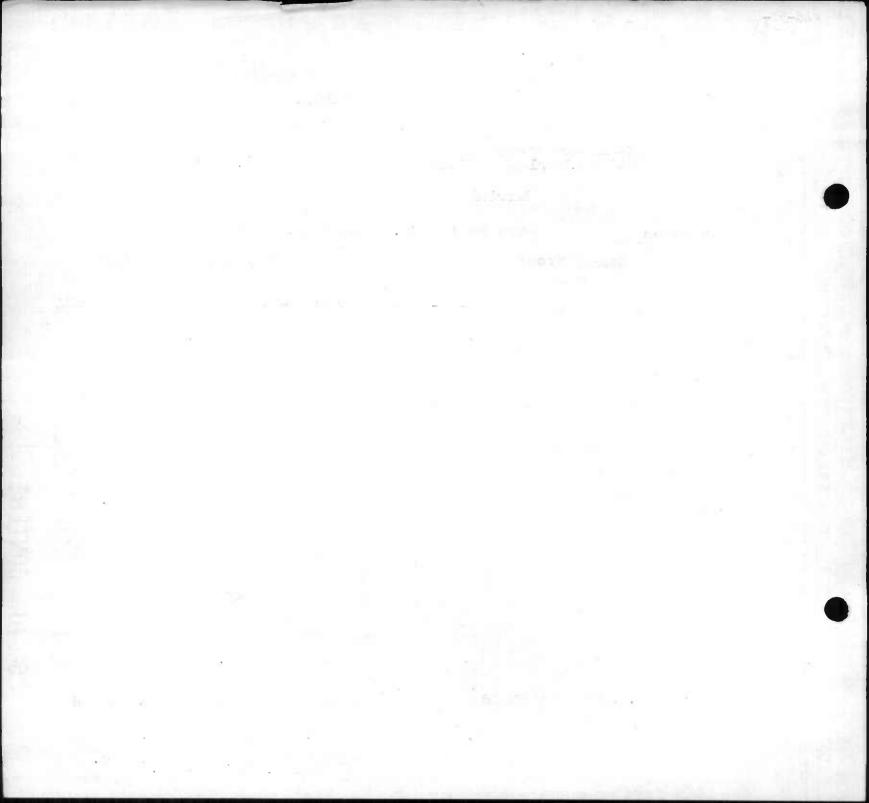
L_O death.

attendance

prior

BALTIMORE CITY HEALTH DEPARTMENT Registered Na. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) 00 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution: tasidance before admission)
A. STATE
B. COUNTY Maryland FULL NAME OF (If not in hospital ar institution, give street oddiess or location) HOSPITAL OR C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION Baltimore Baltimore City Hospitals D. STREET ADDRESS (If jurol, give location) 4940 Eastern Avenue 614 North Streeper Street 21205 Baltimore Marvland MARRIED NEVER MARRIED mad B. DATE OF BIRTH 9. AGE (In years If Under 1 Yı. Months: Doys If Under 24 His. S. SEX Hours WIDOWED, DIVORCED (specify) Married 10A USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? dane during most of working life, even if retired) Maryland, Baltimore Ward Baking Co. Salesman 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME George Kraus Margaret Schmidtlein 15. Was Deceased Ever in U. S. Armed Faices? (Yes,no arunknown)(If yes, give wor or dates of service) 17. INFORMANT ADDRESS 6. SOCIAL SECURITY NO. 215-05-2924 Records: BCH-4940 Eastern Avenue 21224 INTERVAL BETWEEN CAUSE OF DEATH 10 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH DUE TO (This does not mean the mode of dying, e.g., mbal heart failure, astherio, etc. Il means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) stoting the UNDERLYING CONDITION lost. remains OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If in Baltimore City, give exect lacotion) DEATH (notify medical examiner) etc.) MEDIC! obtained 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Manth) (Day) (Year) (Hauı) OF INJURY Not While While At F (APPROX.) At Work 22. I certify that (1)(this hospital) attended the deceased fram...... ond that in (my) (aur) apinian death accurred an the date that (1) (we) last saw the deceased alive an. and haur and from the causes stated abave. ((1) (We) (did ) (did not) view the body after deoth. 238. DATE SIGNED 23A. SIGNATURE Attending Phys. Med. Director _ approval 23D. ADDRESS 23C. PHYSICIAN'S NAME (Type) Patrick Caulfield M.D. 4940 Eastern Avenue, Baltimore, Maryland

24A. BURIAL CREMATION, 248. DATE 24C, NAME of CEMETERY OF CREMATORY 24D. LOCATION REMOVAL (Specify) 1/13/66 Gardens of Faith Cem. Baltimore, Md. Burial Schimunek Funeral Home, Inc. 2601 E. Madison St. 258. NAME OF REGISTRAR VS 150-REV. 1/1/65



Such This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. written approval must be obtained before the remains are embalmed or final disposition is made. was D.O.A. at a hospital (except where the physician who pronounced death was in regular

25A. DATE REC'D BY HEALTH DEPT.

25B. NAME OF REGISTRAR

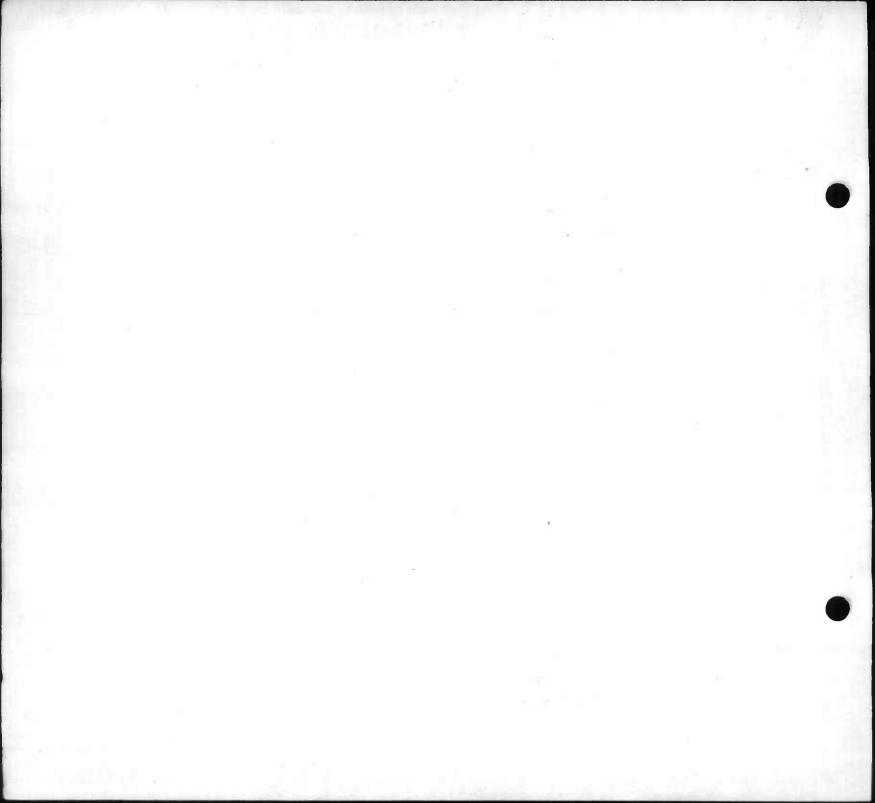
Pose M.N

	CITY HEALTH DEPARTMENT				
CERTIFICATE OF DEATH  Registered No. 66 00263					
M.E. CASE NO.  1. NAME OF DECEASED (Type or Print)  Leon J. Linhard	Jan. 8, 1966 9:45 A				
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY				
FULL NAME OF (If not in hospital or institution, give street oddress or location) INSTITUTION  513 Chateau Avenue	Maryland C. CITY OR TOWN (If outside city limits, write RURAL and give township) Baltimore				
Baltimore, Md. 21212	D. STREET ADDRESS (If rurol, give locotion)				
000	513 Chateau Avenue				
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specif Widowed	y)  B. DATE OF BIRTH  9. AGE (In years lift Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.  71  B. DATE OF BIRTH  9. AGE (In years lift Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.				
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDU					
done during most of working life, even if retired)  Typewriter Machanic LC. Smith Corna	Maryland USA				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
John A. Linhard	Margaret Slatter				
15. Was Deceased Ever in U. S. Armed Forces?  (Yes, no or unknown) (If yes, give war or dates of service)  SECURITY NO.	17. INFORMANT ADDRESS				
Yes War 1 and War 11 213-05-455	50A Mary R. Linhard (Wife) Same				
18. 443   CAU	SE OF DEATH  INTERVAL BETWEEN ONSET AND DEATH				
LEADING TO DEATH	Les beneusine-arterioselestic 15 24.				
(This does not mean the mode of dying, e.g., heart foilure, osthenia, etc. It means the disease, injury or camplication which caused death.)	Les disvascular clissed 15 zgs.				
ANTECEDENT CAUSES (B)					
DISEASES OR CONDITIONS, if any, giving rise Ia lhe obove couse (A) stating the (C)					
UNDERLYING CONDITION last.					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE CLEAR DISEASE OR CONDITION CAUSING IT.	una, severe sense underwing 3 mes.				
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 20 R. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
OR CONTRIBUTING CAUSE OF  DEATH (notify medical examine)  21 & PLACE OF INJURY (e.g., in or about 21 C. WHERE DID  Abome, form, factory, street, office bldg, INJURY OCCUR?  OR CONTRIBUTING CAUSE OF  etc.)  12 & PLACE OF INJURY (e.g., in or about 21 C. WHERE DID  Abome, form, factory, street, office bldg, INJURY OCCUR?					
21 D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	D 21F. HOW DID INJURY OCCUR?				
22. I certify that (I) (this haspitel) attended the deceased from	aug 1954 10 Jan 8 1966				
that (1) (we) last sow the deceased alive on					
and hour and from the causes stated above. (1) (#e) (did) (did not) view the bady ofter death.					
23A. SIGNATURE	238. DATE SIGNED				
Fuderick & (selwer M.D.	Attending Med. Stoff Phys. Director Phys. Director Phys.				
23C.PHYSICIANS NAME (Type) Frederick J. Vollmer	23D. ADDRESS				
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY CREMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, town, or county) (Stote)				

25C. FUNERAL DIRECTOR Eugenia K. Seitz 5 Seitz Funeral Home

ADDRESS

5209 York Road Balto. Md. 21212

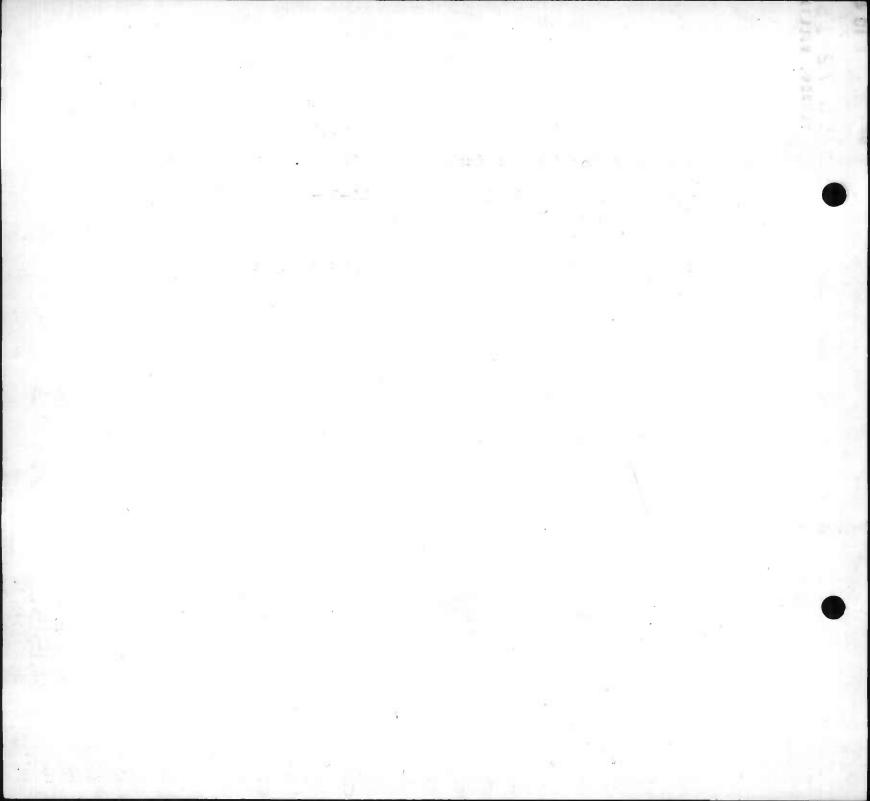


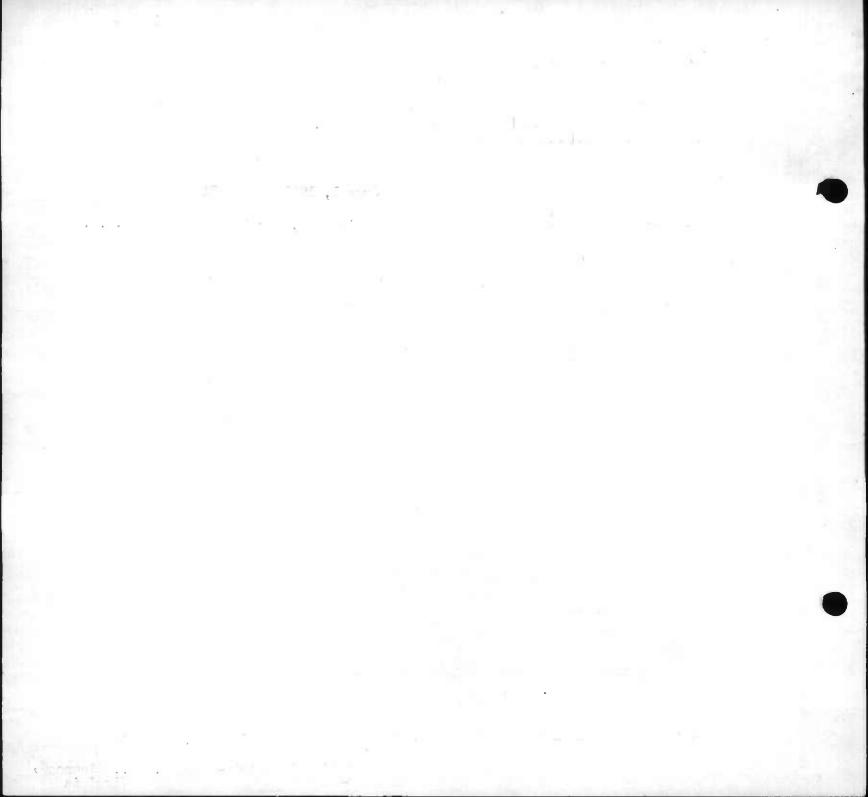
IMPORTANT

DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT





the chief medical examiner

0

to the hospital by

the body was released

certificate

approved

and

hospital

of death

contributing cause

death

the direct

BALTIMORE CITY HEALTH DEPARTMENT 66 00266 Registered No. CERTIFICATE OF DEATH BIRTH NO. (4) Undetermined cause; (5) Deceased M.E. CASE NO. Such I NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) uo USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) eath attendance (If not in hospital or institution, give street FULL NAME OF CITY OR TOWN HOSPITAL OF oddress or location) (If outside city limits, write RURAL and give township) INSTITUTION BALDWIN prior MEMDRIAL (If rural, give location) Box 332 Route # 1 (Green Road) is made. regular 9. AGE (In years 7. MARRIED, NEVER MARRIED S. SEX B. DATE OF BIRTH If Under 1 Yr. If Und Months! Doys Hours! eceased WIDOWED, DIVORCED (specify) lost birthdov) -22-80 WHITE ARRICE to A. USUAL OCCUPATION (Give kind of work) OB, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF disposition = done during most of working life, even if retired) Draftsman MARYLAND

14. MOTHER'S MAIDEN NAME P Machinery Was the 13. FATHER'S NAME ENR death 0 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yos, give wor or dotes of sorvico) kind; 6. SOCIAL final SECURITY NO. attendance 212-09-7979 Hosp. -WAYE NO any CAUSE OF DEATH pronounced 0 DISEASE OR CONDITION DIRECTLY of embalmed LEADING TO DEATH (This does not mean the mode at dying, e.g., heart failure, asthenio, etc. It means the disease. ar injury or camplication which caused death.) regu ANTECEDENT CAUSES ho are 4 DISEASES OR CONDITIONS, if ony, giving ල rise to the above cause (A) stating the physician UNDERLYING CONDITION last before the remains **burns**; physician was OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (2) Body 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 198. CONDITION FOR WHICH OPERATION MA DATE OF OPERATION the WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF IRIE # HYDRUCKIES 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) ere °Z DEATH (notify medical examiner) otc. any nature; ¥ MEDI obtained 21 D. TIME 9 (Month) (Dov) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY (except While At Not While (APPROX.) At Work Work and 22. I certify that (1) (this haspital) attended the deceased from ond that in (my) (our) opinion death occurred on the date that (1) (we) last sow the deceased alive on eath); hospital and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. must shows: (1) An accident 23A. SIGNATURE 23B. DATE SIGNED ō Attending Phys. Mod. Stoff 0 Director ___ approval Phys. 0 23 C. PHYSICIAN'S 23 D. ADDRESS prior at NAME (Type) M.D. Union Mem. Hosp. DR. R. C. Th THOMPSON wds D.O.A. 24C, NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) eceased REMOVAL (Specify) 6 Dulaney Valley Cemetery Yo
| 25B. NAME OF REGISTRAR | 25C. FUNERAL DIRECTOR Burial VS 150-REV. 1/1/65

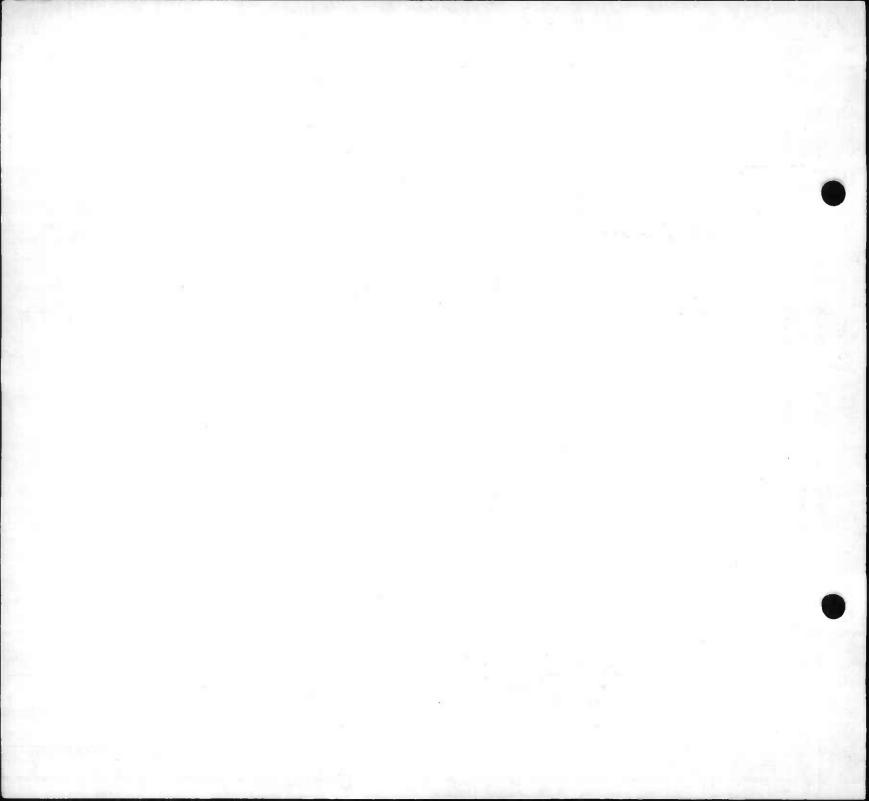
If Under 24 Hrs.

ADDRESS

1-8-66

INTERVAL BETWEEN

ONSET AND DEATH



66 00268

3. PLACE OF DEATH IN BALTIMORE MARYLAND

FLUKE,

BIRTH NO.

M.E. CASE NO. I, NAME OF DECEASED

VS 150-REV. 1/1/65

(Type or Print)

Lo

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

CLARA M.

Registered No.66

1:05A

If Under 24 Hrs.

(Stote)

ADDRESS

Hours

WHAT COUNTRY?

ADDRESS

WILKENS

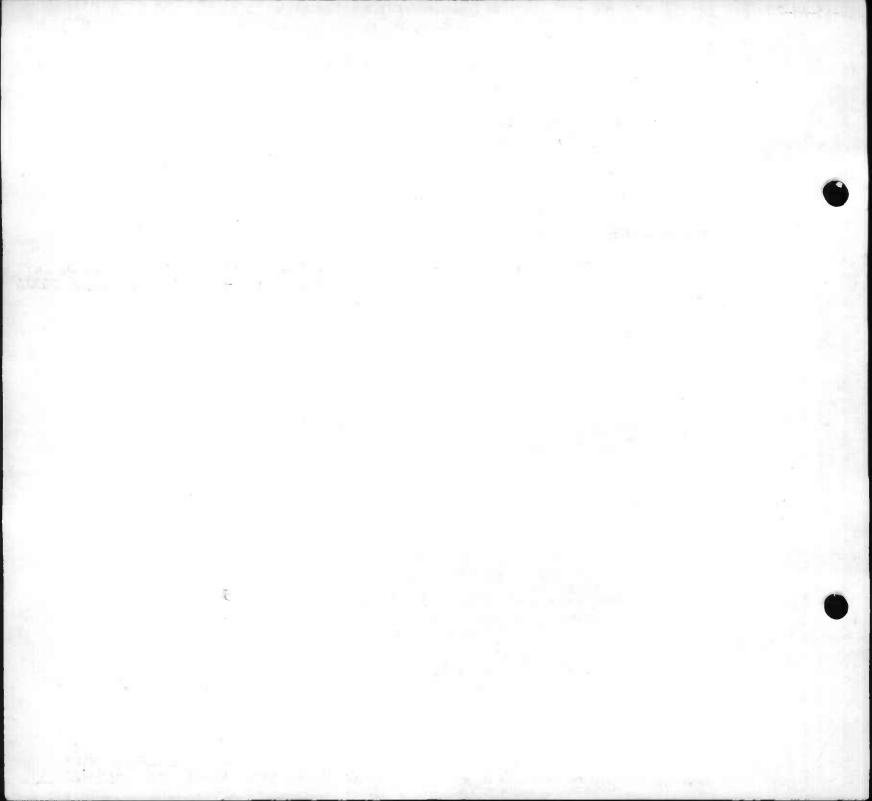
INTERVAL BETWEEN ONSET AND DEATH

28

2. DATE AND HOUR OF DEATH

1-6-66

ar mark ar gree 3 M Table 1 



VS 150-REV. 1/1/65

Thurs protorigues ( most pure & way tunn GEVAN GOUTON HX)

	BALTIMORE CITY	TE OF DEATH Registered No. 19244-51				
	M.E. CASE NO.	TE OF BEATTING				
	(Type or Print) DUNCAN, Arlelaide.	MATHER 1965 1245 Pm.				
	FULL NAME OF (If not in haspital or institution, give street	A. STATE 8. COUNTY				
	MOSPITAL OR oddress or location)	C. CITY OR TOWN (Il outside city limits, write RURAL ond give township)				
	BALTIMORE, MD.	D. STREET ADDRESS (If rural, give location)				
de.		127 LAKEVIEW Dr.				
s mad	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years last birthday) 9. AGE (In years Manths Days Hours Min. 3 10				
no	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR TNDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  USA.				
disposition	13. FATHER'S NAME E	14. MOTHER'S MAIDEN NAME Dryden				
	15, Wos Deceased Ever in U. S. Armed Forces? 16, SOCIAL	Holelaidzy Adams.				
fina	(Yes, no ar unknown) (If yes, give war ar dates of service)	Everels. Duncan - sauras Pl-				
0	18. 4 10 X 1 CAUSE O	F DEATH INTERVAL BETWEEN ONSET AND DEATH				
ned	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (A)	cipic metoco stevesis				
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	ANTECEDENT CAUSES (B) DUE TO	demate Heart des Es ?.				
s are	DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the (C) UNDERLYING CONDITION tost.					
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e the	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED STORED	20A. AUTOPSY? Ves or Not 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
before	U 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in OR CONTRIBUTING   CAUSE OF   hame, farm, factory, street, of DEATH (notify medical examiner)	n ar about 21C. WHERE DID (If in Boltimore City, give exact lacation) ffice bldg., INJURY OCCUR?				
	O 21D. TIME (Manth) (Day) (Year) (Haur) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
ained	(APPROX.) While At Wark Wark	10				
opt	22. I certify that (I) this haspital attended the deceased from	2 30 65 19 10 19 66,				
t be	and hour and from the causes stated above. (1) (did) (did nat) v	19 00 and that In(my) (our)apinian death accurred an the date				
must	23A. SIGNATURE FEOR. EIBER M.D. M.D. AH.Phy	ending Med. Staff Jan. 10/1966 S. Director Phys.				
D A C	11 500 10 00 10 10 10 10 10 10 10 10 10 10 1	23D. ADDRESS				
approval	FRED R. EIIDER. M.D.	uniossity Hospital.				
en d	24A. BURIAL CREMATION, REMOVAL (Specify)  Burial 1/12/66  Parsons Cem					
ritten	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS				
3	JAN 11 1966 (1.0. 6 & Face, 4 1)	HOLLOWAY & COMPANY SALISBURY, MD.				

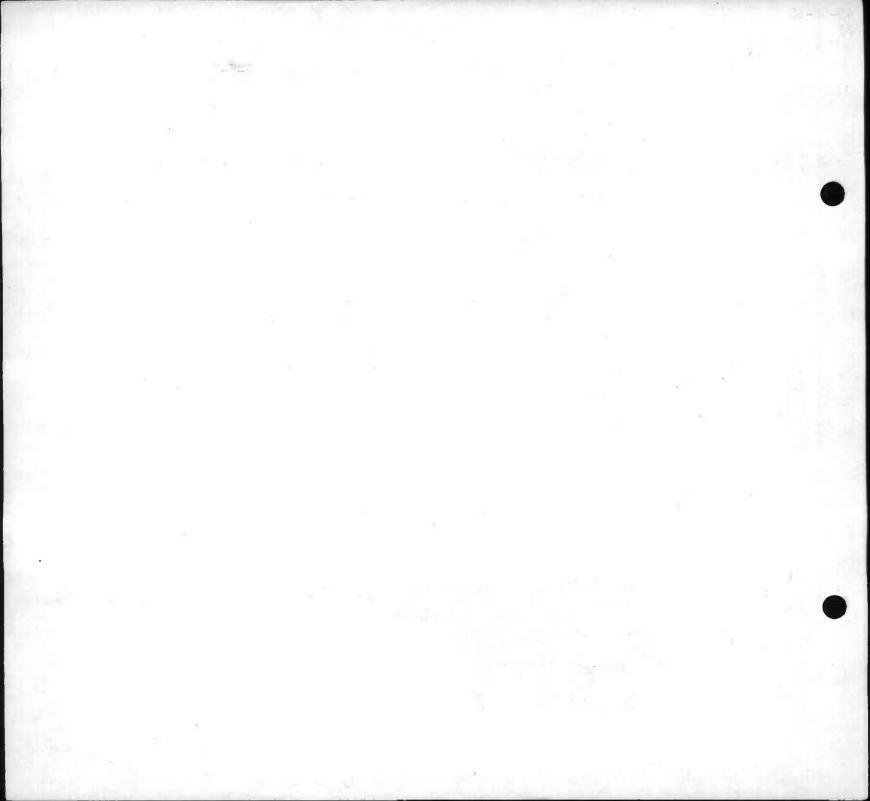
and the 9. 1-1 y-0021211-12 in , same Jasi NU SUISIAMI FITI Oscircan stude stanst 4 salor 28 Ass Aidipail John Brunns Adeland , Sieleland Every During monsto Cost un signialia) Warneste extensible thereofor redow Duton go kag grade? poles matter stereon to 5-1211 8/1 0 3/100/29 P/1 J'mary 4.4 rod 3 4 Dort SH 198142 FRED R. EILDER UNIVERSITY HOSPITAL

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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature, (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
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V\$ 150-REV. 1/1765

BALTIMORE CITY HEALTH DEPARTMENT Registered No. 6 00272 66 110272 CERTIFICATE OF DEATH RIPTH NO. M.E. CASE NO. I NAME OF DECEASED Annun. 2 DATE AND HOUS OF DEATH (Type or Print) ARTHUR LEE BACON 1-5-66 3. PLACE OF DEATH IN BALTIMORE, MARYLAND USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE B. COUNTY (If not in hospital or institution, give street MARYLAND FULL NAME OF HOSPITAL OR address ar lacation) (If autside city fimits, write RURAL and give township) INSTITUTION BALTIMORE CITY HOSPITALS BALTIMORE 4940 EASTERN AVENUE D. STREET ADDRESS (If jurol, give location) prior BALTIMORE, MARYLAND 21224 616 W. LANVALE ST. #21217 is made. If Under 1 Yr. If Und 9. AGE (In years 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH If Under 24 Hrs. 5. SEX Min WIDOWED, DIVORCED (specify) last birthdov Months Days 3-25-38 NEVER MARRIED 10A, USUAL OCCUPATION (Give kind of work) 08, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition dane during most of warking life, even if retired) MARYLAND 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME ELLA Brown Homes James 15. Was Deceased Ever in U. S. Armed Forces? (Yes, na ar unknown) (If yes, give war ar dates af service) ADDRESS 6. SOCIAL ~ INFORMANT gular attendance o embalmed or final SECURITY NO. BCH 4940 EASTERN AVENUE #21224 RECORDS: CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OF CONDITION DIRECTLY m (racercora LEADING TO DEATH (This does not mean the made of dying, e.g., DUE TO heart foilure, asthenia, etc. It means the disease, regular injury or complication which coused death.) ANTECEDENT CAUSES DUE TO are DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) sloting the remains UNDERLYING CONDITION last. Mas OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CATIO physician TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. the 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION CERTIFI WAS PERFORMED before was cen a mis 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in ar about 21 C. WHERE DID hame, farm, factory, street, affice bldg., INJURY OCCUR? note City, give exact facation) DEATH (notify medical examiner) etc.) to wee MEDI obtained 21 D. TIME (Day) (Year) 21F. HOW DID INJURY OCCUR? (Manth) (Haur) 21 E INJURY OCCURRED 0 OF INJURY Nat While While At (APPROX.) Wark At Wark 166 22. I certify that (1) (this hospital) attended the deceased fram 160 that (I) (we) last saw the deceased olive on... 19 and that in (my) (our) opinion death occurred on the date 90 death and hour and frem the couses stoted obove. (1) (We) (did) (did nat) view the body after death. must 23A. SIGN ATURE 23B. DATE SIGNED Attending 1/5/66 Phys. X M.D. Med. Director Phys. approval 23 C. PHYSICIAN'S 23 D. ADDRESS prior NAME (Type 4940 EASTERN AVENUE #21224 M.D. 24A. BURIAL CREMATION. DATE 24C. NAME of OF CREMATORY 24D, LOCATION (Stote) (City, tawn, as county) REMOVAL (Specify) 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR ADDRES! 0



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prior to death.

a hospital and

				BALTIMORE CITY	HEALTH DEPA	RTMENT				
BIR	TH NO.	66 00	273	CERTIFICA	TE OF D	EATH	Registered Na.	68 A	1273	
	E CASE NO.						D HOUR OF DEATH			
	pe or Print)	FEORGE	STO	IMPS		JAN	UARY 6,1	966	8:25	- AM.
3.	PLACE OF DEA	TH IN BALTIMORE, MAI			4. USUAL RESI	B. COUN	e deceased lived. If in	stitution: reside	nce before	odmissian)
Ш	FULL NAME OF	F (If not in hospital a		give street	MARY	LAND		RURAL ond giv	e township!	3
4	QuiT,	HERAN I	40891	THL	BAL.	TIMOR PRESS (IF	2E 30			
1	07	MARYLA	AND		1708	HAI	NOUER	87		
5.	M	6. RACE	7. MARRIED, WIDOWED	NEVER MARRIED  D. DIVORCED (specify)  HERIED	Sept.19		9. AGE (In years last birthdoy) 79vrs.	If Under 1 Y Months: Doy	r. If Und s Hours	er 24 Hrs. Min.
11.		PATION (Give kind of work rarking life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY		(State or forei		12. CITIZEN	OF OUNTRY?	
11	lotorma:	/	Balto	. Trans.Co	Balto.	Md.		U.S.		
13.	FATHER'S NAM	NE .			14. MOTHER'S		ΛE			
	Sebas	tian Stumpf			Mary	Ann	}			
15. (Ye	Was Deceased	Ever in U. S. Armed Fare	es? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT			AD	DRESS	
	no	none		213-10-0703	Barbar	a L. S	Stumpf-170	08 Hano	ver S	it.
	1B. /5	XI		CAUSE O	F DEATH				RVAL BETY	
		E OR CONDITION DIR	ECTLY			-	DANDER		ET AND D	EATH
		LEADING TO DEATH	dvina e a	(A) CA	NEEK	OF	PANCRE, STASIS	73		
	heort failure,	asthenia, etc. It means plication which caused	the disease,	ac se	ITH	META	STASIS			
	- 1 - 1	INTECEDENT CAUSES	dedill./	(B)						\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$
		R CONDITIONS, if	anv. aivina	DUE TO						
	rise to the	above cause (A) CONDITION last.		(C)				and the second s	iru u m de C-0 de drom de m m C-0 (-) C	d= 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
ATION	TO THE DE	II FICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING I	TED TO TH	3					_	
CERTIFICATION	DEC. 3	OPERATION 198 CON WAS PERE		ABDOMEN	20 A. AUTOPS	Y? (Yes or No	208, IF YES, WERE IN CERTIFYING CA	FINDINGS CO. USES OF DEA	NSIDERED TH?	
CALC	OR CONTRIBU	IT WAS UNDERLYING TING CAUSE OF medical examiner		PLACE OF INJURY (e.g., in e, form, foctory, street, at			(If in Baltimor	e City, give ex	act facotion	
MEDI	21 D. TIME OF INJURY	(Month) (Day) (Year)	(Hour) 21 E.	INJURY OCCURRED	21 F. H	OW DID INI	URY OCCUR?			
2	(APPROX.)		Whi	le At Not While	e					
	22. I certify	that (1) (this hospital	) attended ti	ne deceased from	50.2	6	965 to JA	N 6	1	966.
	that (I) (we)	last saw the decease	d olive an	1AN.6	19 66	and the	at in(my) (aur) apl	nian death a		
				(We) (did nat) v						
	23A, SIGNATU		7					23B. DATE SI	GNED	
	(Lifof)	6 G. de	PER	-10 M.D. Atte		Aed.	Staff Phys.	Jan.	6,19	766
	23C. PHYSICIAN NAME (Ty	LFO G.	DE P		23D. ADDRESS	ERAN	U HOSPI		,	
	7,00	0 4 3			7.00		,			

REMOVAL (Specify) 248. DATE

1966

24C. NAME OF CEMETERY OF CREMATORY

24D. LOCATION (City, tawn, or county)

Burial 1/10 25A. DATE REC'D BY HEALTH DEPT.

258. NAME OF REC Ly Cross REGISTRAR

Cemetery Ritchie Highway Balto.Md

25C FUNERAL DIRECTOR ADDRESS

KRAUSE FUNERAL HOME
1216 S.Charles St.

VS 150-REV. 1/1/65

MARYCORE

BALTIMERE 30

1708 HANGER ST

WARRIED

CANCER OF PANCAGAS WITH METASIS

DEC. SO, 1905 ACUTE ABBONER

AN.6 DEG. 26

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THINESH NESSHINT

OF MARYLAND

Jen 6, 1756 ADOLEO G DE PERIO CUTHERAN HOSPITAL OF MANYLOND

## FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approved must be obtained before the employed or final disposition is made.

	TY HEALTH DEPARTMENT				
M.E. CASE NO.	ATE OF DEATH Registered No. 66 00274				
(Type or Print) Walter C. PAWOCUSKI-	Suloski 2. DATE AND HOUR OF DEATH  7. (966) 12 20 PM.				
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY				
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)	C. CITY OR TOWN, (If outside city limits, write RURAL and give township)				
MACYLAND GENERAL Hospital	BA110 22 5300				
HTBAIto, Md.	6735 BESSEMER AVE				
5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In yeors If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.				
10A, USUAL OCCUPATION Give kind of work 10B, KIND OF BUSINESS OR INDUSTI	S-G-92 73 RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF				
done during most of working life, even if retired)  13. FATHER'S NAME	Poland WHAT COUNTRY?				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
15. Was Deceased Ever in U. S. Armed Forces?  16. SOCIAL	17. INFORMANT ADDRESS				
(Yes, no or unknown) (If yes, give wor or dates of service)  SECURITY NO.  CAUSE	Chart				
	OF DEATH INTERVAL BETWEEN ONSET AND DEATH				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)	who Mysepholal Dyforetion 2 days				
LEADING TO DEATH  (This does not meon the mode of dying, e.g., heoil loiluie, asthenia, etc. II means the disease, injury ar camplicolian which coused deoth.)					
ANTECEDENT CAUSES  (B)  OUE TO	Lerwoodentia Gent Drease				
DISEASES OR CONDITIONS, if ony, giving tise to the obove couse (A) stoling the (C)					
BOURDOORSES					
UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING IT.					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  10 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)  21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)  21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)  21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)  21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Not Work At Work	, in or obout 21 C. WHERE DID (II in Boltimore City, give exact location) office bldg., INJURY OCCUR?				
D 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED  OF INJURY  While At Not W	21F. HOW DID INJURY OCCUR?				
	#k └				
1 22. Certify that 217 (this hospital) are the deceased from	19 CC and that in (my) (our) apinian death accurred an the date				
that (1) (we) last saw the deceased alive an and haur and fram the causes stared abave. (1) (We) (did) (did not)					
23A. SIGNATURE	ttending Med. Stoff				
	Istending Med. Notes Stoff Phys. 1-7-66				
23C. PHYSICIAN'S NAME (Type)  ONA  24A. BURIAL CREMATION,  24B. DATE  24C. NAME of CEMETERY of C	MARYLAND GENERAL HOSpitAL				
	REMATORY 24D. LOCATION (City, town, or county) (Stote)				
Burial 1-11-65 I foly Redle	25C FLINEDAL CHRESTOR				
JAN 11 1966 R. C. S. G. Marienta	Watter Dabousti 1005 Dundschan,				
VS 150-REV. 1/1/65	0 4 2 0				

40015 A Brown

7	00275	BALTIMORE	CITY	HEALTH	DEPARTMENT	ľ

	66 00	275	BALTIMORE CITY	HEALTH DEPARTMENT		66 00275
BIRTH NO. M.E. CASE NO		~10	CERTIFICA	TE OF DEATH	Registered Na.	00 00273
NAME OF C				2. DATE A	ND HOUR OF DEATH	
(Type or Print)	John J	. Campod	onico	Jan.	9, 1966	4 A
B. PLACE OF	DEATH IN BALTIMORE,	MARYLAND		4. USUAL RESIDENCE (Wh	ere deceosed lived. If in	stitution: residence before odmissi
				A. STATE B. COU	NIT	17-16
FULL NAMI	E OF (If not in hosp oddress or loc	ital or institution, ation)	, give street	C. CITY OF TOWN (If o	<u> </u>	
INSTITUTION					utside city limits, write	RURAL ond give township)
1 = 1	Union M	emorial	H ospital	Baltimore		
114	Balto.		1		rural, give location)	
91				629 McCabe A	venue	
. SEX	6. RACE		D, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 I Months: Doys Hours Min
Male	White	Marr	ED, DIVORCED (specify)	May 21, 1905	60	With the second
0λ. USUAL O	CCUPATION (Give kind of		OF BUSINESS OR INDUSTRY			12. CITIZEN OF
lone during most	of working life, even if retir				,	WHAT COUNTRY?
Cle	rk	Md. R	ace Tract	Baltimore, Md.		USA
3. FATHER'S N	AME			14. MOTHER'S MAIDEN NA	ME	
	T-1		_	Rose Brug	ov	
5 W P	John J. Camposed Ever in U. S. Armed	odonico,	Sr.		5/	ADDATE
Yes, no or unkno	own) (If yes, give wor or	dotes of service)	SECURITY NO.	17. INFORMANT		ADDRESS
Yes	War 11		218-03-1868	Viola B. Campo	odonico (Wif	e) Same
18. , /	30 81		CAUSE C	OF DEATH		INTERVAL BETWEEN
70	EASE OR CONDITION	DIRECTIV				ONSET AND DEATH
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ONDERLI	ING CONDITION 1851.					
7	- 11	and Market				
O THER SI	GNIFICANT CONDITION DEATH BUT NOT I	S CONTRIBUTII	N G			
DISEASE	OR CONDITION CAUSIN	IG IT.	116			
19A-DATE	OF OPERATION 198.	CONDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or N	10) 208, IF YES, WERE	FINDINGS CONSIDERED
OTHER SIGNATE DISEASE	WAS	FERFORMED			IN CERIPTING CA	OJES OF DEATH!
U 21A. ACCI	DENT WAS UNDERLYIN	G 21		n or obout 21C. WHERE DID	(If in Boltimore	e City, give exoct locotion)
OR CONTI	RIBUTING CAUSE OF	ho	ome, form, foctory, street, o	ffice bldg., INJURY OCCUR?		
U						
OF INJURY		eor) (Hour) 21	E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROX.)			While At Not Whi			
			/ork			1
22. 1 cert	ify that (1) (this hosp	ital) attended	the deceased from	119	19 6 6 to	1/9 1960
that (I) (v	we) last saw the dece	ased alive on	1/9/60	19 and t	hat in (my) (aur) ani	nian death accurred an the
			1.1			The second of the
		stated abave.	(I) (We) (did) (did nat)	view the bady after death.		
23A. SIGN	ATURE DA	1				23 B. DATE SIGNED
	-HIMX	ugan	M.D. Att	ending Med. Director	Stoff Phys.	1/10/66
23C. PHYSI	CIANS	A		23D. ADDRESS	- 117 % L	1/10/60
NAM	E (Type)	0	27.	ADDRESS		
	F. Mark	Dugan	M.D.	15 E. Biddle	st.	
24A. BURIAL C	REMATION, 248. DATE		NAME of CEMETERY of CR			ity, town, or county) (State
REMOVA	L (Specify)					
Buria	I Jan	12,66 Ne	w Cathedral Ce	metery Bal	timore, Md.	
25A. DATE RE	C'D BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DIRECTO	R	ADDRESS
TANK	1 10cc A 0	BO CI	of Police	Eugenia K. S	eitz 5209 Yo	ork Rd.
JAN	T 1200 APA	CA SEL	The state of the s	Seitz Funera	1 Home Relt	Imore Ma
/S 150-REV. 1.	/1/05	3 3		1 11 / / /	west of	rancos og till.

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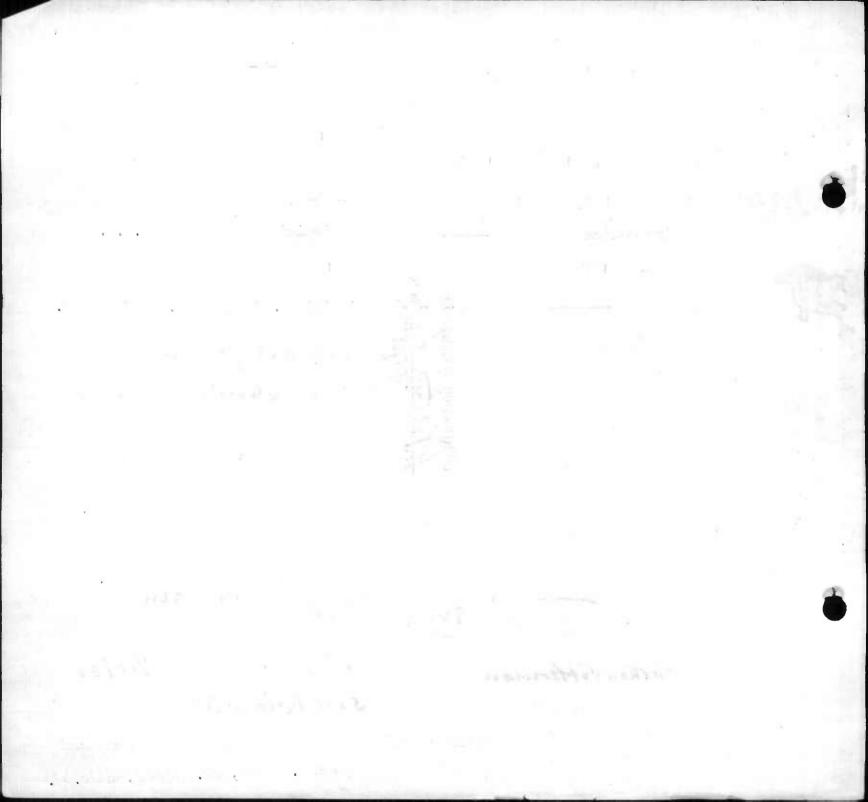
1966

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

	H NO.	66	00276	CERTIFIC	CATE OF D	EATH	Registered No	66-00	276	1
	AME OF DEC	EA SED				2. DATE AND HOUR OF DEATH				
Typ	e or Print)	BERTIE	RISH			1-8-	-66	12:	5025X	P M.
3. f	PLACE OF DEA		DRE MARYLAND		A. STATE	B. COUNT	deceased lived. If	institution: reside	nce before odm	
1	FULL NAME OF HOSPITAL OR NSTITUTION		haspital ar instituti or lacation)	on, give street	C. CITY OR TO		ide city limits, write	RURAL and giv	e tawnship)	
3	5		. 11		D. STREET ADI	ORESS (If n	ural, give lacation)			
-	HE JOH	INS HOPE	KINS HOS	PITAL	3245 E	. BALT	IMORE ST	REET		
5. S	ALF.	6. RACE	WIDO	IED, NEVER MARRIED WED, DIVORCED (specify O W E D	12-31-	10	. AGE (In years ast birthday)	If Under 1 Y Months Doy	r. If Under	24 Hrs. Min.
IDA	USUAL OCC	UPATION (Give ki	nd of work 10B, KINE	OF BUSINESS OR INDU		(State or foreig	n country)	12. CITIZEN	OF COUNTRY?	
don	44 -	working life, even	f retired)		Vir	pinia		U.S.A		
13.	FATHER'S NA				14. MOTHERS	MAIDEN NAN	\E			
	Joi	IN BISH			NANNIE	PENDER	RGRASS			
15.	Wos Deceased	Ever in U. S. A	med Forces?	1 6. SOCIAL Q	17. INFORMAN			AD	DRESS	1
	no	Till yes, give wi	or ar dates of servi	235 35-712	88 Virgin	ia B.Bi	sh 3245 E	Baltimo	ne Stol	
	18. 21	20.11		O CAR	SE OF DEATH			INTE	RVAL BETWEE	
	DISEA	SE OR CONDIT	ION DIRECTLY	APPROVED	3			ONS	SET AND DEA	IH
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ATION	TO THE D	IFICANT CONDITION OF	TIONS CONTRIBUTIONS CONTRIBUTIONS TO	TING THE						
CERTIFIC ATION	19A. DATE OF	OPERATION 1		OR WHICH OPERATION	20A. AUTOP	SY? (Yes or No)	208. IF YES, WER	FINDINGS CO	N SIDERED TH?	
CER	21A. ACCIDE	NT WAS UNDER	LYING	21B. PLACE OF INJURY	e.a., in ar about 21.C. V	HERE DID	(If in Baltin	are City, give ex	oct location)	
CAL	OR CONTRIB	JTING CAUSE medical examin	OF _	hame, farm, factory, streetc.)	et, affice bldg., MYJUR	Y OCCUR?	(			
MEDIC	21 D. TIME	(Month) (Day	(Year) (Hour)	21E, INJURY OCCURRED	21 F. H	OW DID INJU	RY OCCUR?			
Ξ	(APPROX.)				While					
					Work -					
	22. I certify	that (1) (this-	hospitat) attend	ed the deceased fram.	Marc	L1	9.59 ta 7	2020	19	65.
	that (I) (we)	last saw the	deceased alive	an Nov. 4,	1965	and the	it in (my) (aur) a	pinian death a	ccurred an tl	he date
			ses stated obav	e. (I) (We) (did) (did n	at) view the body	itter death.				
	23A. SIGNATU	JRE,				W11	e	23B. DATE SI	GNED	
	11/2	Hon. 12	Hanna	M.Q.	Attending Phys.	Med. Director	Stoff Phys.	1/101	62	
	23C. PHYSICIA	/N°S	FILFILLE	41	23D. ADDRESS					
	NAME (1	ype)			MD F	m	1 1			
						Kola	nel free	,		
24/	REMOVAL	MATION, 24B.	DATE 24	C. NAME of CEMETERY o	CREMATORY	24D. LC	CATION	City, lawn, ar co	unty) [	State)
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-	Lucc	1/	12/00	Gardens of Fi	uith emet	ery ba	Limore	Man	uland	

John A. Monan, Inc. 3000 E. Balto. St.



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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	hows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	
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	fica	NO.	Au	A. o	I pri	written approval must be obtained before the remains are embalmed or final disposition is made.
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IRTH NO.		0277 CERTIFIC	ATE OF DEATH	Registered No.	66 00277
NAME OF DEC	EASED			AND HOUR OF DEATH	
	Mr. Alice			uary 5, 19	
FULL NAME ( HOSPITAL OR INSTITUTION	, Provider	r institution, give street  nt Hospital  rision Street	Maryland d c. city or town (if a Baltimore D. STREET ADDRESS (i)	outside city limits, write	
2/	Baltimor	re, Maryland	520 W. Pre	ston Stree	t
sex Male	6. RACE Negro	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily) UNKNOWN 10B, KIND OF BUSINESS OR INDUST	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Months Doys Hours M
	working life, even if retired)	IOR KIND OF ROSINESS OK INDUST	RT    1. BIRIMPLACE (State or to	reign country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NA	ME		14. MOTHER'S MAIDEN N	AME	
	Ever in U. S. Armed Force		17. INFORMANT		ADDRESS
(This does	SE OR CONDITION DIRI LEADING TO DEATH nal mean the mode at asthenia, etc. Il means mplication which coused	ECTLY  dying, e.g., DUE TO the disease,	Severe Dehyd:	***************************************	INTERVAL BETWEEN ONSET AND DEATH
	OR CONDITIONS, if a	DUE TO	Marked Malnu		
rise to the UNDERLYIN	OR CONDITIONS, if a decided above cause (A) G CONDITION last.  II  IFICANT CONDITIONS CO	ony, giving stating the (C)	Marked Marin		
OTHER SIGN TO THE DISEASE OR	OR CONDITIONS, if a let abave cause (A) G CONDITION last.  II  IFICANT CONDITIONS CONDITIONS CONDITION CAUSING IT CONDITION CAUSING IT CONDITION CAUSING IT	DUE TO  Iny, giving  stating the (C)  DNTRIBUTING TED TO THE  COTION FOR WHICH OPERATION			
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	cate must be approved by the chief medical examiner or his assistant if death occurred in a hospital	vas released to the hospital by a medical examiner. Also, if the direct or contributing cause of c	An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Decc	, at a hospital (except where the physician who pronounced death was in regular attendance or	prior to death); and (6) No physician was in regular attendance on the deceased prior to death.	
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25A. DATE REC'D BY HEALTH DEPT

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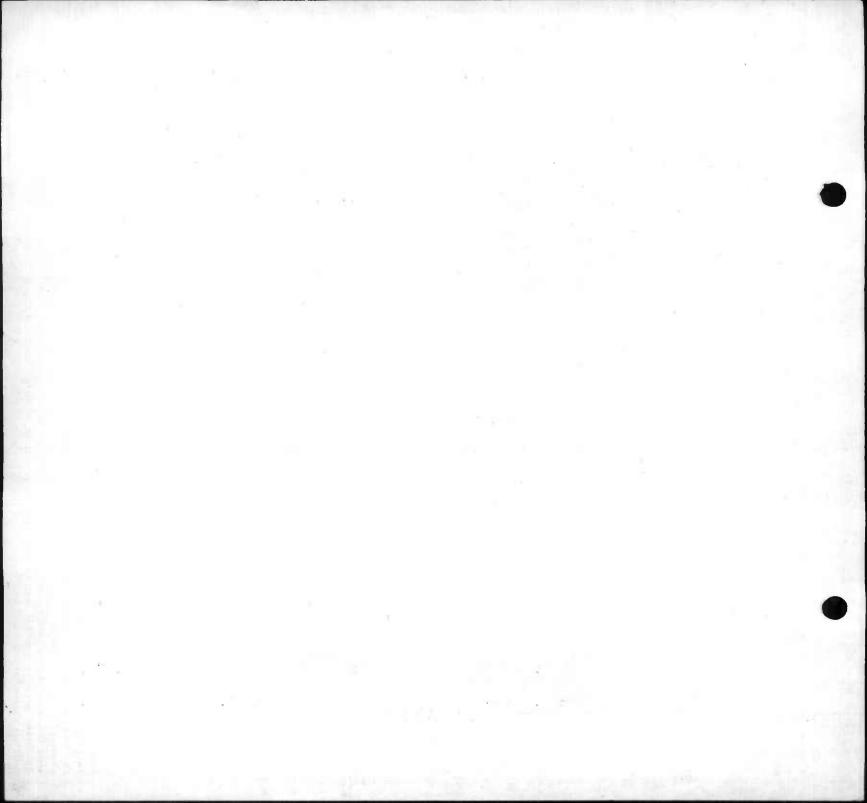
BIRTH NO.66-00515 66 00278 BALTIMORE CITY HEALTH DEPARTMENT Registered No. 66 00278 CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) January 8, 1966 | 12: 19am

4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission)

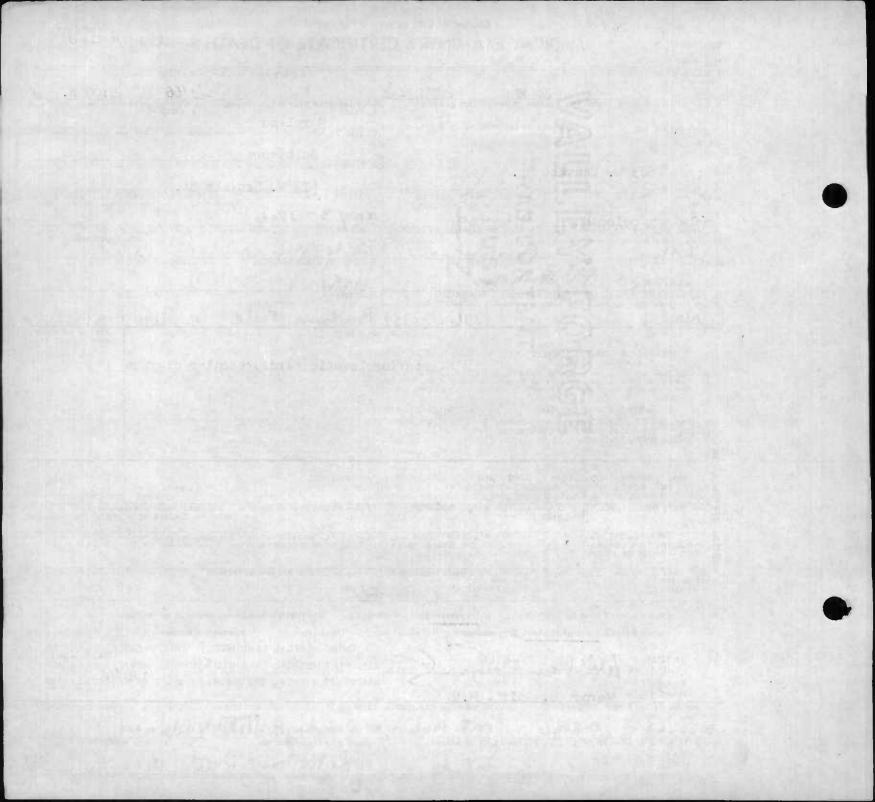
A. STATE

B. COUNTY Baby of Shaley Williams 3. PLACE OF DEATH IN BALTIMORE, MARYLAND Maryland FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddiess or location) C. CITY OR TOWN (If outside city limits, write RURAL and give lownship INSTITUTION Baltimore D. STREET ADDRESS (If rural, give location) Provident Hospital 1729 McCulloh Street 7. MARRIED, NEVER MARRIED 6. RACE 9, AGE (In years 5, SEX B. DATE OF BIRTH If Under 1 Yr. If Und Months Doys Hours If Under 24 Hrs. WIDOWED, DIVORCED (specify) lost birthdoy Male Negro Jan. 7, 1966 single 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF done during most of working life, even if retired) WHAT COUNTRY? USA Maryland none none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Shirley Williams Thomas Benjamin Matthews 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT ADDRESS 16. SOCIAL (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. Shirley Williams-mother CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Immaturity (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury at camplication which caused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21 & PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF U (II in Boltimore City, give exact location) DEATH (notify medical examine) MEDI (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX) At Work Work 22. I certify that (1) (this hospital) attended the deceased fram_ January January 66 January that (1) (we) last sow the deceased alive on... ond that in(my) (our) opinion death occurred on the date and hour and from the causes stated abave. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 238, DATE SIGNED Attending M.D. Med. Stoff Phys. Jan. 10, 1966 Director Phy s. 23 C. PHYSICIAN'S 23D. ADDRESS NAME (Type) Vincent R. Blake deceased written ap 24A. BURIAL CREMATION, 288 DATE 24C. NAME of CEM REMOVAL (Specify) 25B. NAME OF REGISTRAL

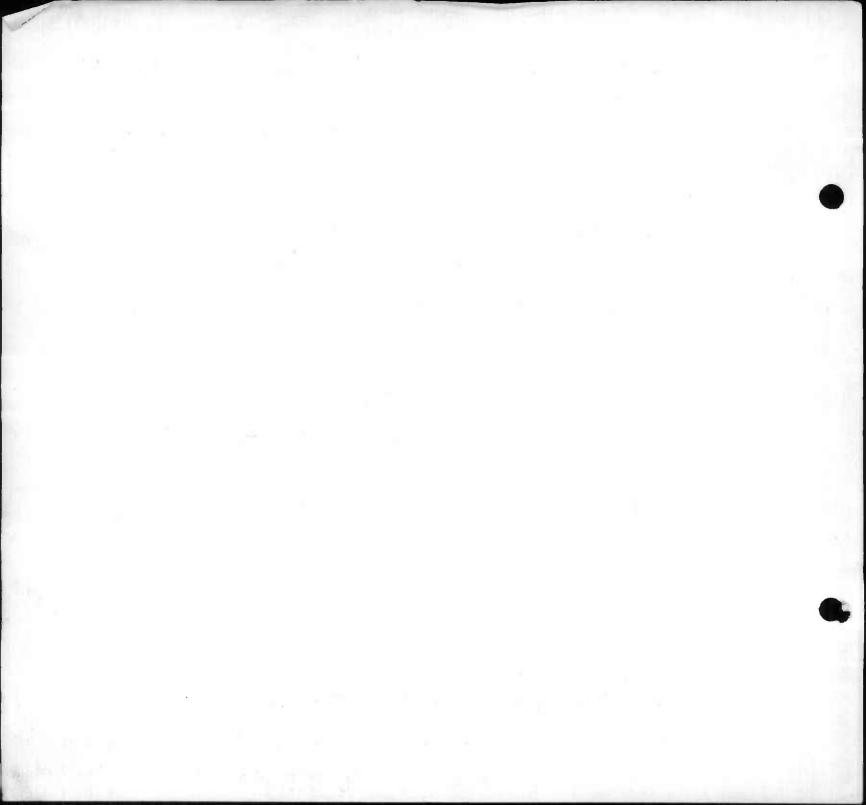
ADDRESS



66 00279	BALTIMORE CITY HEAL	TH DEPARTMENT		
BIRTH NO. MEDICAL EX	KAMINER'S C	ERTIFICATI	E OF DEATH	Registered No. 00279
M.E. CASE NO.				
1. NAME OF DECEASED (Type or Print)		2	DATE AND HOUR PROP	HOUNCED DEAD
JOSEPH	McWILLIAMS		1/	3/66 14:00 p. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONO	UNCED DEAD	A. STATE	ICE (Where deceased lived	I, If institution: residence before admission) B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION)  INSTITUTION	UTION, GIVE STREET	C. CITY OR TOWN	VI and (If outside corporate limit  Itimore	its, write RURAL and give township)
60 523 W. Lanvale St.			SS (If rurol, give location)  3 W. Lanvale	St.
	, NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRTH	9. AGE (In	years If Under 1 Yr. If Under 24 Hrs.
	,	MA4 3-	1906 59	Trioning Doys i House I will.
10A. USUAL OCCUPATION (Give kind of work 108, KIND O			ate or foreign cauntry)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if relired)	- Luction	Balto	nd	U.S. A
13. FATHER'S NAME	H 4011010	14. MOTHER'S MAI		0. 31
Joseph Pl William	N'S	LINKNOW	N	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown), (If yes, give wor or dotes of service)	16. SO CIAL SECURITY NO.	17. INFORMANT		ADDRESS
A la	236-07-0959	BALBAL	a Poole	1140 Argyle Aue
18.		OF DEATH	4 0010	INTERVAL BETWEEN
ANTECENDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR				
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY?		VERE FINDINGS CONSIDERED G CAUSES OF DEATH?
V 21A. EXTERNAL CAUSE WAS 21B. UNDERLYING □ OR CONTRIB- UTING □ CAUSE OF DEATH.	PLACE OF INJURY (e.g., e, form, foctory, street,	in or obout 21C. Wh	HERE DID (If in Boltimore DCCUR?	City, give exact location)
21D TIME (Month) (Doy) (Yeor) (Hour) (APPROX.)	WHILE AT NOT WORK	WHILE	W DID INJURY OCCUR?	
22. I certify that I held an Inquiry			that an this basis, dea	th in my opinian
	Accident Suicid			
	1	CHIEF ME	DICAL EXAMINER	
SIGNATURE Willen 11-	5/5/		DICAL EXAMINER	DATE SIGNED
EXAMINER'S		ASSOCIATE ME	DICAL EXAMINER	1/4/66
NAME (Type) Werner U. Spitz 23A, BURIAL CREMATION, 23B, DATE 23	C. NAME OF CEMETERY	CREMATORY	23D. LOCATION	(City, town, or county) (State)
REMOVAL (Specify)	mT. Aubur		0 17-6-1	appliand
24A. DATE REC'D BY HEALTH DEPT. 248, NAME	OF REGISTRAR	24C. FUNERAL		ADDRESS
JAN 11 1966 (F.O. F. 2.	to 17. 114	THE M	Topy wow	1701 Formers



		-	66 00	1230	BALTIMORE CITY	HEALTH DEPARTMENT		2000
	BIRTH		00 0		CERTIFICA	TE OF DEATH	Registered Na	66-00230
	1. NAA	ME OF DECEAS	ED			2. DATE	AND HOUR OF DEATH	14300
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	3. PLA	COV 11C	WAShir	-	CARVER	A. STATE B. COL	nere deceaseβ lived.∕Al in: INTY	stitution: residence before odmission)
		IL NAME OF	(If not in hospital oddress; or location	or institution	, give street	Ma.		1400
	1145	STITUTION SIN	a lom			C. CITY OR TOWN (IF	outside city limits, write R	RURAL ond give township!
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mad	S. SEX	F 6.8	NACE		D, NEVER MARRIED ED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
u is			TION (Give kind of worling life, eyen if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stote or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
sposition	gone d	Don		12	mestic	Fortsm	outh, VA.	U.S.A.
051	13. FA	THEES NAME				14. MOTHER'S MAIDEN N	AME	
Sp		JERRO.	1 Sim	mon	5	Jahnny (	inn ta	eksan
=	15. We (Yes, n	as Deceased Eve	in U. S. Armed For	ces?	16. SOCIAL	17. INFORMANT		ADDRESS
final		No			27-20-8211	TA TICY	MICray	1426 Church ST.
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remains	¥   T	TO THE DEAT	ANT CONDITIONS OF	ATED TO				
the	Q 19	A.DATE OF OP		DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 20B. IF YES, WERE F	FINDINGS CONSIDERED
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before	U 21	TA. ACCIDENT OR CONTRIBUTION DEATH (notify me	WAS UNDERLYING CAUSE OF	h	IB PLACE OF INJURY (e.g., in tome, larm, factory, street, of ic.)	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(tf. in Baltimore	City, give exact location)
	0 21	ID. TIME (M	lonth) (Doy) (Year)	(Hour) 2	E. INJURY OCCURRED	21 F. HOW DID II	NJURY OCCUR?	
ained	>	APPROX.)			Vhile At Not Whi			1
÷	22	2. I certify the	it (I) (this haspita	l) attended	the deceased from	6/25	1965 to 1	19 1960,
pe o	th	hat (I) (we) las	it saw the decease	ed allve on	1/8	1965 and	that in (my) (aur) api	hian death accurred on the date
stk	0	nd haur and fr	am the causes sta	ted abave.	(I) (We) (did) (did nat)	view the bady after death	1.	
must	23	3A. SIGNATURE	1 111	200	1 1 4 5 4	ending Med.	Stoff	23 B. DATE SIGNED
	22	X-V	1. /11/	c/M	villy M.D. Att	s. Director	Phy s.	1/10/66
approval	23	NAME (Type)	TN/	n Ar.	M. Brugus	23D. ADDRESS	MILLA	un 11 Baltin
ddr	24A. I	BURIAL CREMA	TION, 24B, DATE	24C.	NAME OF CEMETERY OF CR	5 U I	LOCATION (Cit	ty, town, or county) (Stote)
o ue		REMOVAL (Spec	(ify)	16 NI	110			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
written		DATE REC'D BY	HEALTH DEPT.	2SB, NAME	OF REGISTRAR	2SC. FUNERAL DIRECTO	altimore	ADDRESS ADDRESS
3		JAN 11	1966 (P.D.	1-0-1	20 us 0 -		Ductt Fun'	. ^
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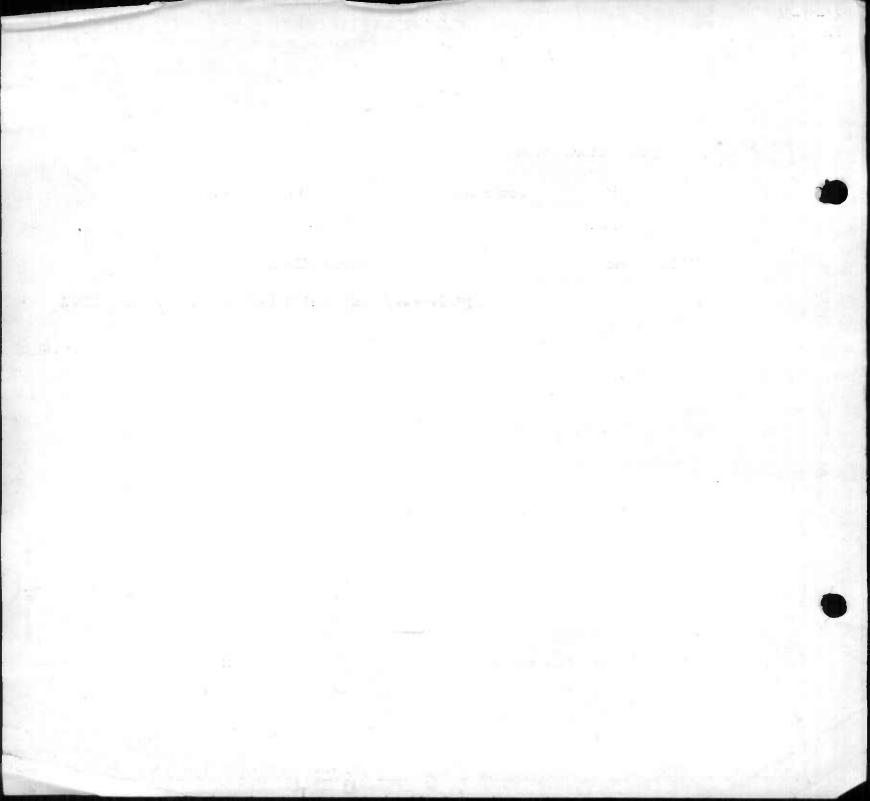


1	66 0 281 BALTIMORE CITY HEAD	LTH DEPARTMENT
H-130	BIRTH NO.  MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH Registered No.
11.000	1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
	THOMAS HOWARD  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	January 7, 1966   5:55 P M. 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland B. COUNTY
	HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  Baltimore
	Provident Hospital	D. STREET ADDRESS (If rurol, give focotion)  1834 W. Lanval St.
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH  9. AGE (In years lost birthday)  9. AGE (In years Months Doys Hours Min.
	done during most of working life, even if retired)  LoN. WORKER	Columbia Con, GA. WHAT COUNTRY?
	Thomas Howard	Melissa Murray
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
	No 258-26-0661	Theodore Howard. 2410 HATTEM AVE
	DISEASE OR CONDITION DIRECTLY	tensive cardiovascular disease
	ANTECENDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  Z O  (C)	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	194. DATE OF OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.)   20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	21A, EXTERNAL CAUSE WAS UNDERLYING □ OR CONTRIB- UTING □ CAUSE OF DEATH.	in or obout 21C, WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?
	21D TIME (Manth) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.)  WHILE AT NOT NOT AT WORK	21F, HOW DID INJURY OCCUR?
		tapsy $\overline{X}$ and that an this basis, death in my apinion
	resulted from: Natural causes XX Accident Suicid	
	ACTUAL Mystyrung	CHIEF MEDICAL EXAMINER DATE SIGNED
	EXAMINER'S NAME (Type) Rudiger Breitenecker, M.D.	ASSOCIATE MEDICAL EXAMINER 1-8-66
	REMOVAL (Specify)  23A. BURIAL CREMATION, 23B. DATE  REMOVAL (Specify)	or CREMATORY 23D. LOCATION (City, town, or county) (State)
	BURIAL 1-14-66 Rehoboth Chu 24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	arch Cem. Augusta Ceorgia
	JAN 11 1966 Robert E. Farlina	MORTON + DIETT FUR. H. 1201 LAURENS
	VS 151-REV, 1/1/65	

PART OF STREET admin a Co a garage Les Market Thorna Hound to - Melasa Marins 298-24 the the stand stands of the first fire the - OW Burgar 1-14-60 Sugar Sugar Margarathe Tall Mill Secretary

VS 150-REV. 1/1/65

morton + Dyot & Fun'

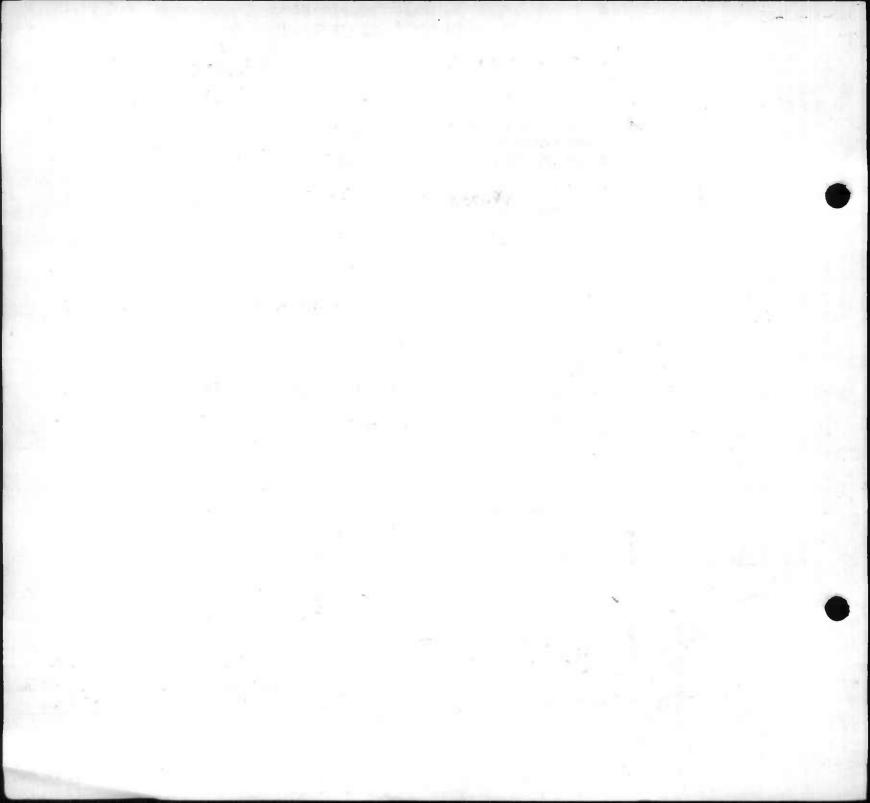


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MEDICAL	EVAMILLER	CERTIFICATE OF	DEA I LI Kedizielen iko

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	CASE NO.								
Typ	AME OF DEC		MT 777				D HOUR PRONOUNCE		10 00 4
		JAMES BU		WASTE DEAD	Ha themal pecin		uary 9, 1966		10:00 A M.
3. P	LACE IN BALI	MORE, MARYLAND, W	HERE PRONO	JNCED DEAD	A. STATE		deceased lived. If insti B. COU	NTY	ence before odmission/
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)		JTION, GIVE STREET		aryland	e corporate limits, write	RURAL on	d give township)		
INSTITUTION				altimor	1 000	Moore Com	7		
	206				D. STREET ADDRESS (If rurol, give locotion)				
	326	E. Federal S	treet				ederal St.		
5. S	EX	6. RACE	7. MARRIED.	NEVER MARRIED	B. DATE OF BIRT		9. AGE (In years	If Under	1 Yr. If Under 24 Hrs.
				DIVORCED (specify)	11 7 100	2	10st birthdoyl	Months	Doys   Hours   Min.
104	male	negro	Separa	ted BUSINESS OR INDUSTRY	11-7-189			12. CITIZE	N OF
	during most of	working life, even if retired)						U.S	COUNTRY?
12	Laborer		Metal	WOTKS	Baltimon			0.5	.A.
1 3. 1									
15 1	? unkno	WN D EVER IN U.S. ARMED	FORCES?	16. SOCIAL	Mary ?	206 E	Federal St.	ADDRESS	
		(If yes, give war or date		SECURITY NO.					
1	VO	Water and		219-03-5516	Mrs. Mai	ry Addis	on		
	1B.	1/1		CAUSE	OF DEATH				ONSET AND DEATH
	DISEA	SE OR CONDITION DI							
	(This door	LEADING TO DEATH not mean the mode of		(A)	ve lung h		**************		
	he ort foilure	asthenia, etc. It means	the disease.	prob. br	onchogeni	c carcı	noma		
	(4.)								
		ANTECENDENT CAUSE		(B)					
	RISE TO TH	OR CONDITIONS, IF A		DUE TO					
z	UNDERLYII	NG CONDITION LAST.		(C)					
5		ll l							
S	OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTI	NG					
E		R CONDITION CAUSING		/					
CERTIFICATION	19A. DATE OF	OPERATION 198. CON		WHICH OPERATION			20B. IF YES, WERE FI		
	C				IIO		III. Buy Co.		**- \
CA	UNDERLYING	L CAUSE WAS	home	PLACE OF INJURY (e.g., e, form, factory, street, c	office bldg., INJUR	Y OCCUR?	tif in Baltimare City, gi	ve exoct to	cotion)
(EDIC	UTING - CAL	SE OF DEATH.	etc.)						
Σ	21 D TIME OF INJURY	(Month) (Doy) (Yea	i) (Houi)	TE. INJURY OCCURRED	21 F. H	OM DID INT	JRY OCCUR?		
	(APPROX.)			WHILE AT NOT	WHILE ORK				
	22.	att about button				d ab as as ab	is bosis, deoth In n	aninian	
		tify that I held on I							
	resu	Ited from: Natural co	uses	Accident     Suicid			Undetermined monn	er 🔛	
	ACTUA	· VAA	n. A.	Lh		(EDICAL E)			DATE SIGNED
	SIGNAT		) un u	M.p.	ASSISTANT A				1-9-66
	EXAMIN NAME (		Breiten	ecker, M.D.	ASSOCIATE	MEDICAL E	XAMINER		1-3-00
	BURIAL CRE	MATION, 23B. DATE		C. NAME of CEMETERY	CREMATORY	23 <b>D.</b> L	OCATION (City	, town, ai c	ounty) (Stote)
	MOVAL (Specif		066	Mt Calman C	me to my	Ra	Itimore Mar	brefv	
	urial	BY HEALTH DEPT.		Mt. Calvary Co			ltimore, Mar 1735 Harfor		DDRESS
'								.u Av.	
	JAN 1	1 1966 (20	8+ 9 at	of Charles	Marsh	HIT W.	Jones, Jr.		
	200 001 2/2	115		and the same of th		10 6	ul .		

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VS 150-REV. 1/1/65

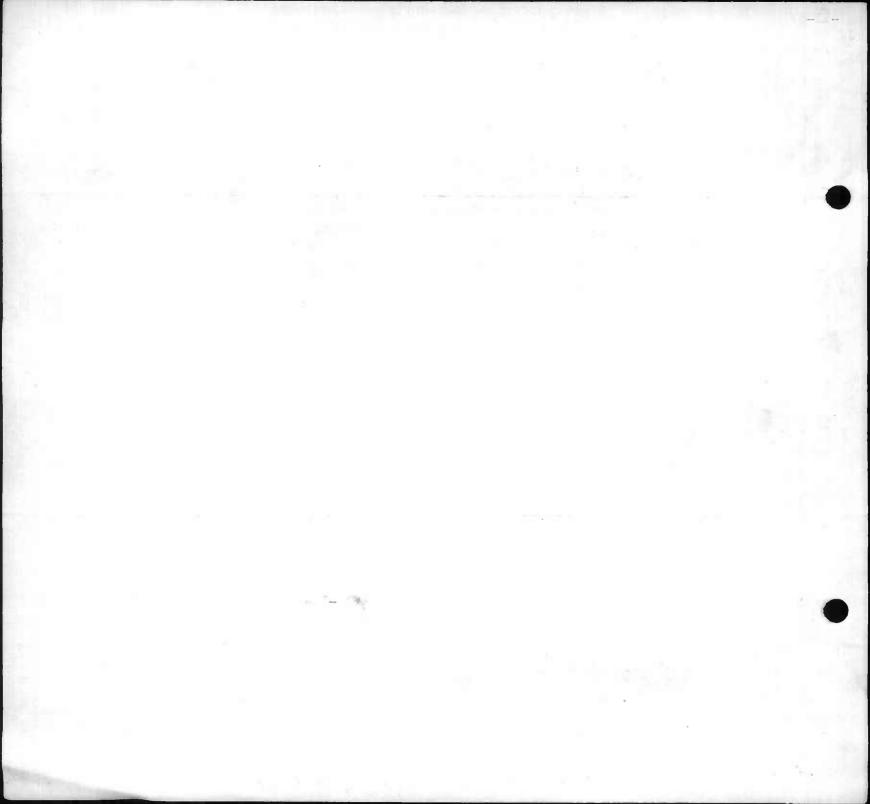


43-11-37

BALTIMORE CITY HEALTH DEPARTMENT

Registered	No.00	0028

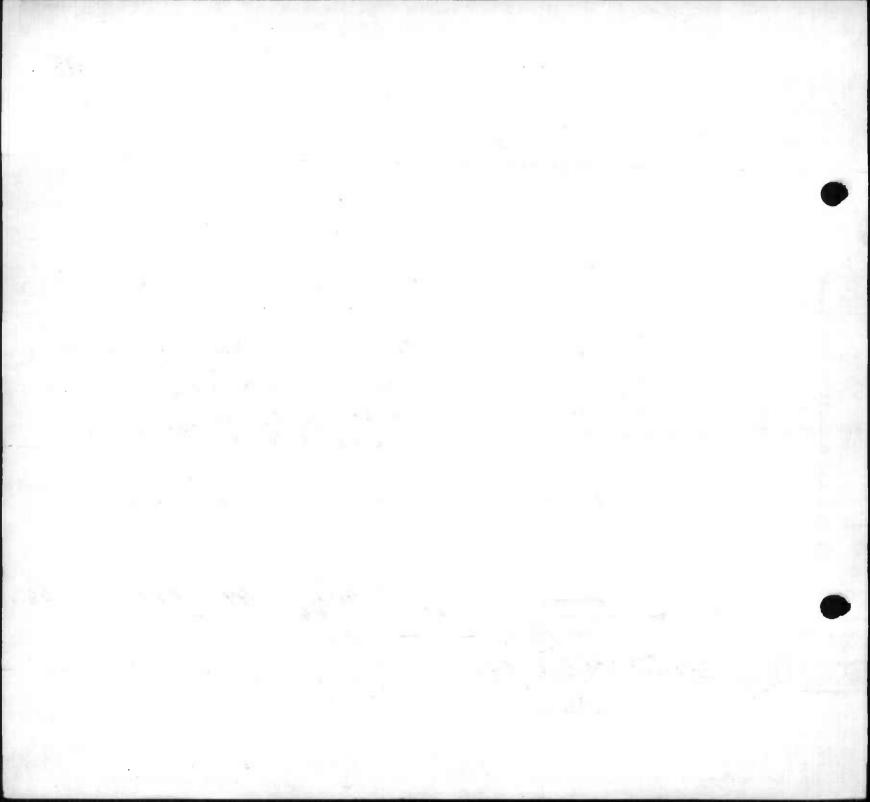
rice) 1 6. SOCIAL SECURITY NO.	A. STATE B. COUNTY MARYLAND C. CITY OR TOWN (If outside BALTIMORE) D. STREET ADDRESS (If rur 411 S. MACON ST B. DATE OF BIRTH 9. 11. BIRTHPLACE (State or fereign GREECE) 14. MOTHER'S MAIDEN NAME VICTORIA 17. INFORMANT	de city limits, write R rol, give lacation) FREET AGE (In yeers st birthday) 83 1 ceuntry) E	address  AVENUE #21224  INTERVAL BETWEEN ONSET AND DEATH
EPITALS  IE  ID 21224  IRIED, NEVER MARRIED  OWED, DIVORCED (specify)  DOWED  D OF BUSINESS OR INDUSTRY  rice)  1 6. SOCIAL  SECURITY NO.	A. STATE B. COUNTY MARYLAND C. CITY OR TOWN (If outside BALTIMORE) D. STREET ADDRESS (If rur 411 S. MACON ST B. DATE OF BIRTH 8/14/82 Y 11. BIRTHPLACE (State or fereign GREECE) 14. MOTHER'S MAIDEN NAME VICTORIA 17. INFORMANT RECORDS: BCH 4	declesed fived. If include city limits, write Resolution, give location)  TREET  AGE (In yeers at binhady)  83  1 ceuntry)	If Under 1 Yr. If Under 24 I Menths; Deys Heurs Min  12. CITIZEN OF WHAT COUNTRY?  U. S. A.  ADDRESS  WAVENUE #21224
EPITALS  IE  ID 21224  IRIED, NEVER MARRIED  OWED, DIVORCED (specify)  DOWED  D OF BUSINESS OR INDUSTRY  rice)  1 6. SOCIAL  SECURITY NO.	C. CITY OR TOWN (If outside BALTIMORE D. STREET ADDRESS (If rur 411 S. MACON ST. 8. DATE OF BIRTH 8/14/82  Y 11. BIRTHPLACE (Stele or fereign GREECE  14. MOTHER'S MAIDEN NAME VICTORIA  17. INFORMANT RECORDS: BCH 4	rol, give location)  FREET  AGE (In yeers st birthday) 83  1 ceuntry)	If Under 1 Yr. If Under 24 Interval Retween
IE ID 21224 IRIED, NEVER MARRIED OWED, DIVORCED (specify) DOWED  D OF BUSINESS OR INDUSTRY  rice)  1 6. SOCIAL SECURITY NO.	D. STREET ADDRESS (If rur 411 S. MACON ST  B. DATE OF BIRTH 9. 8/14/82 Y 11. BIRTHPLACE (State or foreign GREECE  14. MOTHER'S MAIDEN NAME VICTORIA  17. INFORMANT RECORDS: BCH 4	AGE (In yeers st birthdoy) 83 1 ceuntry) E	Menths Deys Heurs Min  12. CITIZEN OF WHAT COUNTRY? U. S. A.  ADDRESS  W AVENUE #21224
ID 21224  IRIED, NEVER MARRIED  OWED, DIVORCED (specify)  DOWED  D OF BUSINESS OR INDUSTRY  Vice)  1 6. SOCIAL  SECURITY NO.	D. STREET ADDRESS (If rur 411 S. MACON ST  B. DATE OF BIRTH 9. 8/14/82 Y 11. BIRTHPLACE (State or foreign GREECE  14. MOTHER'S MAIDEN NAME VICTORIA  17. INFORMANT RECORDS: BCH 4	AGE (In yeers st birthdoy) 83 1 ceuntry) E	Menths Deys Heurs Min  12. CITIZEN OF WHAT COUNTRY? U. S. A.  ADDRESS  W AVENUE #21224
ID 21224  IRIED, NEVER MARRIED  OWED, DIVORCED (specify)  DOWED  D OF BUSINESS OR INDUSTRY  Vice)  1 6. SOCIAL  SECURITY NO.	B. DATE OF BIRTH  8/14/82  Y 11. BIRTHPLACE (State or fereign  GREECE  14. MOTHER'S MAIDEN NAME  VICTORIA  17. INFORMANT  RECORDS: BCH 4	AGE (In yeers st birthday) 83 1 ceuntry) E	Menths Deys Heurs Min  12. CITIZEN OF WHAT COUNTRY? U. S. A.  ADDRESS  W AVENUE #21224
RIED, NEVER MARRIED OWED, DIVORCED (specify)  DOWED  D OF BUSINESS OR INDUSTRY  vice)  1 6. SOCIAL SECURITY NO.	B. DATE OF BIRTH  8/14/82  Y 11. BIRTHPLACE (State or fereign  GREECE  14. MOTHER'S MAIDEN NAME  VICTORIA  17. INFORMANT  RECORDS: BCH 4	st birthdoys 83 ceuntry)  E 4940 EASTER	Menths Deys Heurs Min  12. CITIZEN OF WHAT COUNTRY? U. S. A.  ADDRESS  W AVENUE #21224
DOWED  D OF BUSINESS OR INDUSTRY  rice)  1 6. SOCIAL  SECURITY NO.	8/14/82 Y 11. BIRTHPLACE (State or fereign GREECE  14. MOTHER'S MAIDEN NAME VICTORIA  17. INFORMANT RECORDS: BCH 4	83 ceuntry) E 4940 EASTER	12. CITIZEN OF WHAT COUNTRY?  U. S. A.  ADDRESS  WAVENUE #21224
rice) 1 6. SOCIAL SECURITY NO.	GREECE  14. MOTHERS MAIDEN NAME  VICTORIA  17. INFORMANT  RECORDS: BCH 4	4940 EASTER	ADDRESS  AVENUE #21224  INTERVAL RETWEEN
SECURITY NO.	VICTORIA  17. INFORMANT  RECORDS: BCH 4	4940 EASTER	N AVENUE #21224
SECURITY NO.	VICTORIA  17. INFORMANT  RECORDS: BCH 4	4940 EASTER	N AVENUE #21224
SECURITY NO.	17. INFORMANT RECORDS: BCH 4		N AVENUE #21224
SECURITY NO.	RECORDS: BCH 4		N AVENUE #21224
CAUSE C	DE DEATH		INTERVAL RETWEEN
e.g., DUE TO	DE DEATH		INTERVAL RETWEEN
e.g., DUE TO	Peraniono e/The	Rections	ONSET AND DEATH
UTING THE FOR WHICH OPERATION	20A. AUTOPSY? (Yes er Ne)	20B. IF YES, WERE I	FINDINGS CONSIDERED
teture Ca of xeel			City, give exect leceken)
	ile 🦳	RY OCCUR?	
		15	1/6
	001		1966
		in (my) (our) apir	nían death accurred an the o
ve. (1) (We) (did) (did nat)	view the body after death.		
			23B. DATE SIGNED
	tending Med. St ys. Director Pt	off hys.	1/5/66
1	23D. ADDRESS	, ,	1//
MEZ MA	AOAO TA OMITIDAL ATEL	ENTER MOZOCA	
M.D.	4940 DROTHER AV		
	REMATORY 24D. LOC	CATION (C)	ty, tewn, er county) (State
4C. NAME el CEMETERY et CR	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Excred Hearto	+ Vesus Ba	1timore	, Md.
- 11/1	Cometery Ba 25C. FUNERAL DIRECTOR NICHOLOS T. N.	Itimore, atthews	Md.
LO F	THE  FOR WHICH OPERATION  Thus Ca of yele  21B. PLACE OF INJURY (e.g., home, farm, factory, street, etc.)  21E. INJURY OCCURRED  While At Net When At Wend  Net Whome	TING THE  OR WHICH OPERATION  THE  OR WHICH OP	TING THE  OR WHICH OPERATION  20A. AUTOPSY? (Yes er Ne)  21B. PLACE OF INDURY (e.g., in er about NJURY OCCUR?  21E. INJURY OCCURRED  While At Net While Net Werk  At Werk  12-12-  19 5 to and that in (my) (our) api  Ye. (I) (We) (did) (did nat) view the body after death.  Attending Med.  Attending Med.  Attending Med.  Attending Med.  Director Phys.  23D. ADDRESS



	66	(1) 286	В	SALTIMORE CITY HEAL	TH DEPARTMEN	IT		6	33 00	1000
BIR	TH NO.		CAL EX	AMINER'S CI	ERTIFICA1	TE OF	DEATH Registe	red No	103 (10)	
M.	E CASE NO.		OB II					40.0		
1. (Ty	Pe or Print	CEASED				2. DATE AN	D HOUR PRONOUNC	ED DEAD		
		JOHN SCHR				Janua	ary 8, 1966		3:30	AM
3.	FRT	TIMORE MARYLAND, W	AM	FNDED	M	laryland			78, 6	The second
HC	SPITAL OR	ADDRESS OR LOCA	TION)	1-25-66	_	vn (If outsid altimo)	e corporote limits, write	RURAL on	d give towns	hip)
0	17	722 N. Durham	Street		D. STREET ADDI		give locotion) Durham St.	1/3/3	W.	
	sex male	6. RACE white	WIDO WED,	NEVER MARRIED DIVORCED(specify) r1ed	B. DATE OF BIRTH		9. AGE (In years lost birthday)		1 Yr. If Under	
dor	To during mess at	working life, even if retired)	TOB. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or foreig			COUNTRY?	
13.	FATHER'S NAM	Painter Re	Lirea		14. MOTHER'S M.		aryland	USA	H	
	J	ohn Schramm					Escher			
	s, no or unknown	(If yes, give war or date	s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		North Durk		treet	
-	no		220	01 6348	OF DEATH	zetta	A. Schramn	7-	INTERVAL BI	FTWFFN
	4-	(ol 1 1		CAUSE	OF DEATH				ONSET AND	
	DISEA	SE OR CONDITION DI LEADING TO DEATH	RECTLY	Arterio	sclerotic	cardio	vascular di	sease		
	(This does	not meon the mode of , asthenio, etc. It meons	dvina e.a.	DUE TO	, BCICIOLIC	Carar		ocuse.		
	injury or co	mplication which coused	de oth.)							
		ANTECENDENT CAUSE	S							
	DISEASES	OR CONDITIONS, IF A	NY, GIVING	DUE TO	**************************************					
	UNDERLYI	NG CONDITION LAST.	AING THE					1000		
No.				(C)						
Ē	OTHER SIG	HI NIFICANT CONDITIONS	CONTRIBUTION	ıe				12		
E	TO THE	DEATH BUT NOT RE	LATED TO TI							
ERTIFICATION	19A. DATE OF	F OPERATION 198. CON		WHICH OPERATION	20A. AUTOPSY	? (Yes or No)	20 B. IF YES, WERE FI	NDINGS CO	ONSIDERED	
12	0	WAS PER		THE STERATION	No	. (103 01 110)	IN CERTIFYING CAU			
		L CAUSE WAS	21 B. I	PLACE OF INJURY (e.g.,	in or obout 21C. V	VHERE DID	(If in Boltimore City, gi	ve exoct lor	cotion)	
FDIC	UTING CAL	OR CONTRIB-	home, etc.)	form, loctory, street, o	lfice bldg., INJURY	OCCUR?				
2	OF INJURY	(Month) (Doy) (Yeo	r) (Hour) 2	IE. INJURY OCCURRED		OM DID INT	URY OCCUR?			
	(APPROX.)		m. W	HILE AT NOT	WHILE C					
	22. I cer	tify that I held an I	nquiry 🗌	Inspection X Aut	opsy one	that on th	is bosis, deoth in n	ny opinion		
	resu	Ited from: Notural cq	usesX A	ccident Sujeid	e Homici	de	Undetermined manne	er 🗌		
		. ///	7 0	#	CHIEF M	EDICAL EX	CAMINER -		DATE SIG	GNED
	SIGNAT		Tev	CA A MO	ASSISTANT M	EDICAL EX	KAMINER 🔀			
	EXAMIN NAME (	NER'S Rudige	r Breite	necker, M.D.	ASSOCIATE M	EDICAL E	XAMINER [		1-8-6	6
	A. BURIAL CRE		230	C. NAME of CEMETERY	CREMATORY	23 D. L	OCATION (City,	, town, or co	ounty)	(Stote)
	Moval (Specif Burial	" 1/11/	66	Moreland Me	morial		Baltimore	Mary"	land	
11		BY HEALTH DEPT.	24B. NAME	OF REGISTRAR		AL DIRECTOR			DDRESS	
	.12	N 11 1966 (	2000 8	. stankeytha			er & Sons			
V	5 151-REV. 1/1/			1 6 13 13	Balt	more.	Maryland 2	21213		
			3 2 (		1 1 1	1 8 0				

MANUAL TOP HOW MANUAL TO THE OR

00 00000	BALTIMORE CIT	Y HEALTH DEPARTMENT	00 00287
BIRTH NO. 66 00287	CERTIFICA	ATE OF DEATH Registered No.	66 00287
1. NAME OF DECEASED	.H. BUDDEMEIER	2. date and hour of death  January 9.196	111
HOSPITAL OR address or location	VALESARIUM	A. STATE B. COUNTY  MARYLAND C. CITY OR TOWN (If outside city limits, write  BALTIMORE 21213  D. STREET ADDRESS (If rurol, give location)  3308 Richmond Ave	RURAL and give tawnship)
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
FEMALE WHITE	WIDOWED, DIVORCED (specify) WIDOW	JAN. 27, 1873   92	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEW11 E		BALTIMORE, MARYLAND	12. CITIZEN OF WHAT COUNTRY?
HENRY KOCH		HELENE SOECKER	
15. Was Deceased Ever in U. S. Armed Far (Yes, no or unknown) (If yes, give wor ar dote NO		Mr. Harry W. Buddemei	
DISEASE OR CONDITION DIR  LEADING TO DEATH  (This does not mean the made of heart foilure, asthenia, etc. It means injury or camplication which caused ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the abave cause (A) UNDERLYING CONDITION fast.	dying, e.g., the disease, death.)  any, giving stoling the (C)  ONTRIBUTING TED TO THE	Mycardial Deilers Mycardial Deilers Lengoloula Heartes 2000 - Certaintes	2 weeks
	DITION FOR WHICH OPERATION	NO 20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., hame, form, factory, street, etc.)	in or about 21C. WHERE DID (If in Boltima affice bldg., INJURY OCCUR?	ore City, give exact location)
21D. TIME (Month) (Doy) (Year) OF INJURY (APPRDX.)	(Hour) 21E, INJURY OCCURRED  White At Not Wh Work At Work		
22. I certify that (I) (this hospital that (I) (the last saw the decease and hour and fram the causes state 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  Louis K.	d alive an	ttending Med. Stoff Phys. 23D. ADDRESS	pinion death accurred an the date
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF C	REMATORY 24D. LOCATION (	City, tawn, or county) (State)
BURIAL 1/12/		ETERY BALTIMORE	MARYLAND
25A. DATE REC'D BY HEALTH DEPT.  JAN 11 1966 () VS 150-REV. 1/1/65	25B. NAME OF REGISTRAN	PALET PROPERTY AND	ADDRESS INC.
TO TOUTHE TO IT IT US			



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occurred in

death

assistant if

or his

IMPORTANT

FUNERAL DIRECTOR:

Such

death.

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prior

or final disposition is made.

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attendance

cause; (5) Decease

COUSE

contributing

Undetermined regular deceased

(4)

any

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Was the

death LO

pronounced

who GLO

physician

attendance

regular

Was

MEDICAL

must be

T

embalmed

E CASE NO. 66 00288	CERTIFICATE OF DEATH
NAME OF DECEASED	2. DATE

NAME OF DEC	Elizabeth Murray	
PLACE OF DEA	TH IN BALTIMORE, MARYLAND	

	1/7/66		3	:15P M	
4. USUAL RES	IDENCE   Where deceased lived, If institution 8. COUNTY	n: residence	before	odmission)	

FULL NAME OF	(If not in hospital or institution, give street
HOSPITAL OR	oddress or location)
INSTITUTION BATA	IMORE CITY HOSPITALS
DALL	THORE OLLI MOSPILATO
1.91.0	EASTERN AVENUE

MARYLAND C. CITY OR TOWN (If outside city limits, write RURAL and give township) BALTIMORE

2. DATE AND HOUR OF DEATH

D. STREET ADDRESS (If rurol, give location)

J	BALTIMORE, M	ARYLAND #21223	526 N. FULTON AVE. #21223				
5. SEX FEMALE	6. RACE NEGRO	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) MARRIED	9-10-15	9. AGE (In yeors lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
	UPATION (Give kind of w f working lite, even if retired	ork 10 B. KIND OF BUSINESS OR INDUSTRY	VIRGINIA	or foreign country)	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NA	ME		14. MOTHERS MAIDEN	NAME			

WILLIE HICKMAN		ELIZA	
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRES

RECORDS: BCH 4940 EASTERN AVENUE #21224 CAUSE OF DEATH INTERVAL BETWEEN

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, asthenio, etc. It means the disease,

injury or complication which coused death.) ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if ony. to the obove couse (A) sloting the UNDERLYING CONDITION lost.

ONSET AND DEATH

	II		
ATION	OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	to TI	N G THE

19A. DATE OF OPERATION

21A. ACCIDENT WAS UND

OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No) 20R. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., in or	obout 21 C. WHERE
	home, form, foctory, street, office	bldg., INJURY OC
DEATH (notify medical examiner)	etc.)	

DID CUR? Ilf in Boltimore City, give exact location?

OF INJURY	(Month)	(Doy)	(Yeor)	(Hour)	21E. INJURY OC	CURRED
					While At	Not Whi
(APPROX)					Work	At Work

21F. HOW DID INJURY OCCUR? ED lot While

22. I certify	that (1) this	hospita))	attended	the d	eceased	fram
hat (I) (he)	last saw the	deceased	alive an		1-1	<u> </u>
				-		

that In (my) (aur) opinion death accurred on the date

004	CIANIATIIRE	_	-			-	
and	haur and fi	am the cause:	stated above.	(Pip) (Me) (qid)	(dld nat) v	view the bady	after death.

did n	at) view the bady	after death.			4	
					TE SIGNED	
M.D.	Attending Phys.	Med. Director	Stoff X	Intern	1-7-66	

men GI	B. Bowton M.
23 C. PHYSICIAN'S	0

Phy s. Director L 23D. ADDRESS

PAME (Type) BRIAN B	MOTUO
---------------------	-------

	BCH 4940	EASTERN	AVENUE	#21224
1	24D. LOCATION	(City,	town, or cour	nty) (Stote)

EMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY OF	CREMATORY
Chillel	11/13/1/10	MAGUI	MON
A. DATE REC'D BY HEAL	TH/DEPT. 25B. N	AME OF REGISTRAR	25C. FUNE
JAN 11	1966 Rolla	of Entarbay 14	0 172

W Ne	delle	Maro.
SC. FUNERAL DIRECTOR	1	ADDRESS

VS 150-REV. 1/1/65

approved by the chief medical examiner obtained before the remains No physician where the 3 to the hospital nature; 9 (except and any death) of a hospital An accident certificate must 10 written approval the body was rel eceased prior a D.O.A. shows: Was

M.D.

Rubonany o tama, gyalandprutu : i an couldny stylental of IME

Brew B. Bowton GRIAN GOLTON

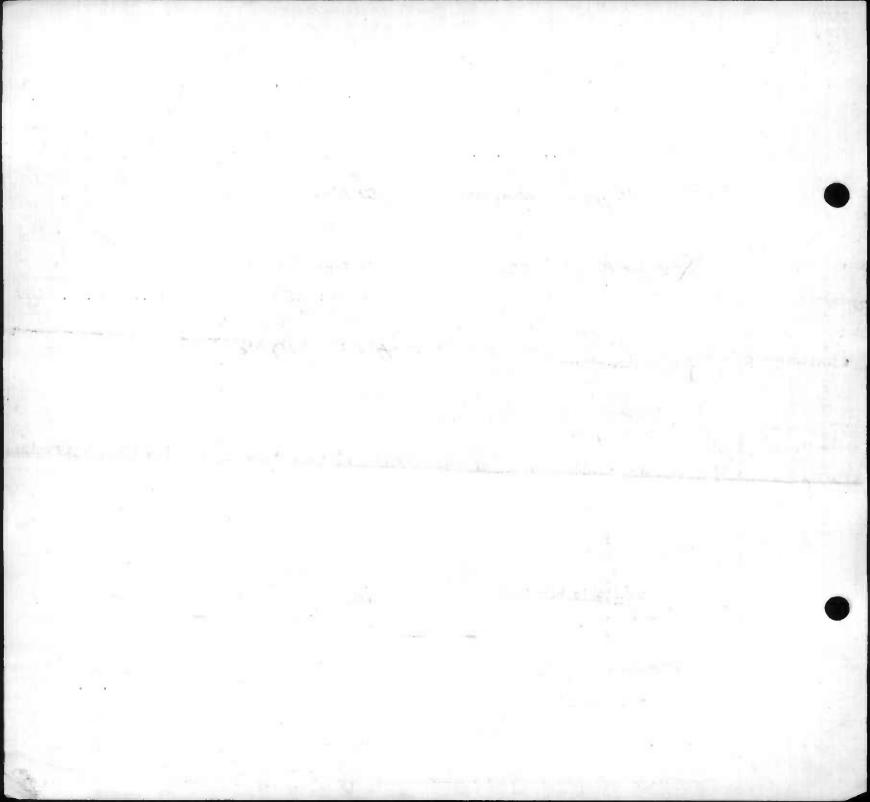
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at

was D.O.A. shows: (1)

An

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) Uan 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) Tarvlano (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR address or facation) (If outside city limits, write RURAL and give Baltimore City Hospita 4940 Eastern Ave., Balto.Md. 21224 21217 mad 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED If Under 24 Hrs. B. DATE OF BIRTH 9. AGE (In years II Under 1 Yı. WIDOWED, DIVORCED (specify) Hours lost birthdoy N29 Never Married 10A, USUAL OCCUPATION Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF isposition WHAT COUNTRY? done during most of working life, even if retired) NORTH CAROLINA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lena. 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT 6, SOCIAL final (Yes, no or unknown) (II yes, give wor or dotes of service) SECURITY NO. RECORDS: BCH 4940 Eastern Ave., Balto, Md. 21224 CAUSE OF DEATH INTERVAL BETWEEN 0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stoting the the remains UNDERLYING CONDITION lost. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED Yes 218. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID 21 A. ACCIDENT WAS UNDERLYING (II in Bottimore City, give exact location) OR CONTRIBUTING CAUSE OF home, lorm, foctory, street, office bldg., INJURY OCCUR? DEATH (notily medical examiner) MEDIC (Hour) (Month) (Doy) (Year) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) Work At Work (this hospital) Van that (1) (we) lost sow the deceased alive on. . (a. Sa and that In (my) (our) opinion death occurred on the date ond hour ond from the couses stoted obove. (1) (We) (dld) (did not) view the body after death. 23A, SIGNATURE 238, DATE SIGNED 0 Attending M.D. 0 approval 23C. PHYSICIAN'S 4940 Eastern Avenue, BaltooMd. prior NAME (Type) Marvin Lee 24A. BURIAL CREMATION, 24B. DATE eceased (City, town, or county) REMOVAL (Specily) 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR VS 150-REV. 1/1/65

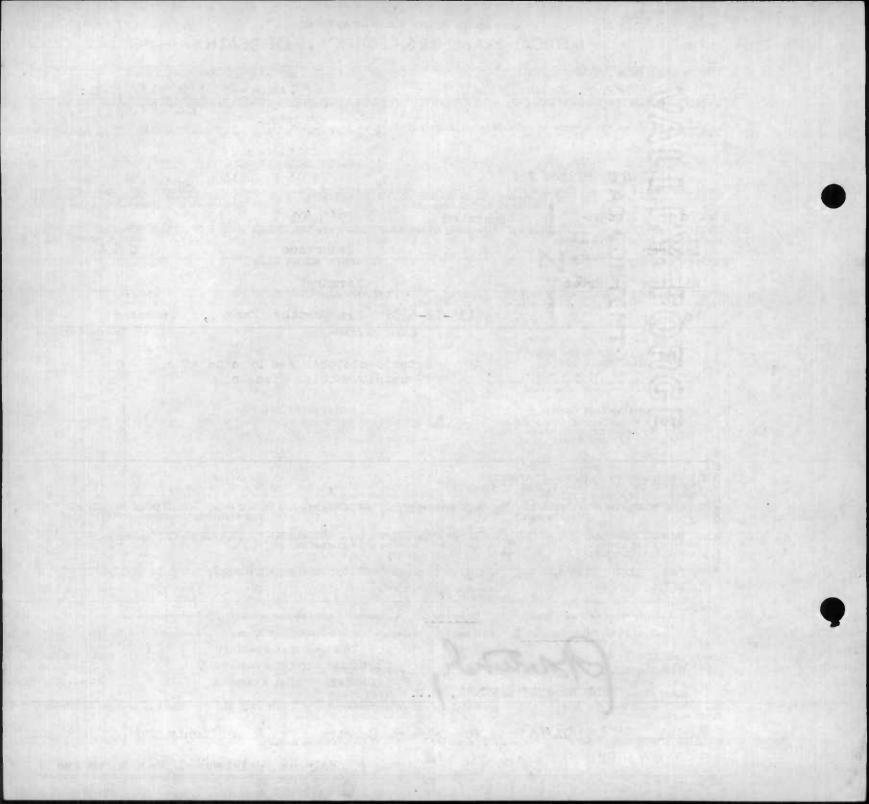


BALTIMORE CITY HEALTH DEPARTMENT

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BIF	RTH NO.	MED	ICAL EX	AMINER'S CH	ERTIFICATE OF	DEATH Registe	red No.	36 00	2.30
-	E CASE NO.								
ίŤ	Pe or Print	ERNEST A. BRO	OLINI			ND HOUR PRONOUNC	ED DEAD	10.20	0 0
3.	PLACE IN BAI	LTIMORE MARYLAND, W		NCED DEAD	Janu 4. USUAL RESIDENCE (When	ary 8, 1966	itution: resid	10:30	admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission A. STATE  Maryland  Maryland					
HOSPITAL OR ADDRESS OR LOCATION)				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  Baltimore					
0					D. STREET ADDRESS (If turo				
~		1515 N. Hilton	n St.		1515 N.	Hilton St.			
	sex male	6. RACE	WIDOWED, D	NEVER MARRIED DIVORCED(specify)	8. DATE OF BIRTH 9/14/01	9. AGE (In years last birthday)		Yr. If Unde Days Hours	
10,	A. USUAL OC	CUPATION (Give kind of wor			11. BIRTHPLACE (Stote or fore		12. CITIZEI		1
do	Labore	( working life, even if retired)			Tennessee		U	S A	
13.	FATHER'S NA	ME		TENERS TO	14. MOTHER'S MAIDEN NAM	A E			7
	Willia				Margaret				
		n) (If yes, give war ar date		16. SO CIAL SECURITY NO.	17. INFORMANT		ADDRESS		G. A.
	No			415-12-6888	Mrs Dorothy	Mack , To	enness	е	
	1B.	12-V		CAUSE	OF DEATH			INTERVAL BE	
	DISE	ASE OR CONDITION DI						ONSET AND	DEATH
	(This does	LEADING TO DEATH		(A) Arteri	osclerotic and diovascular dis	hypertensive			
	heart failur	nat mean the mode of e, asthenio, etc. It means amplication which caused	the discose, death.)	Car	diovascular dis	ease	70/1		
		ANTECENDENT CALLS	· c						
	DISEASES	OR CONDITIONS, IF A		(B)					
	RISE TO T	HE ABOVE CAUSE (A) S ING CONDITION LAST.	TATING THE				453		
Z				(C)					
CERTIFICATION	OTHER SIG	II  GNIFICANT CONDITIONS  DEATH BUT NOT RE							
H	DISEASE	OR CONDITION CAUSING	G IT.	***************************************					************
CER	19A. DATE C	F OPERATION 198. CON WAS PER		VHICH OPERATION	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
EDICAL		AL CAUSE WAS OR CONTRIB- USE OF DEATH.	21 B. I home, etc.)	PLACE OF INJURY (e.g., i form, foctory, street, o		(If in Boltimore City, gi	ve exoct loc	cotion)	
ME				I MILLION OCCUPATION	OLE HOW DID IN	ILLOY O COLLOS			
	OF INJURY (APPROX.)	(Month) (Day) (Yea		HILE AT NOT NOT	21F. HOW DID INJ	TORY OCCUR?			
	22.		m. W	ORK L AT W	ORK				
	I ce	rtify that I held an I				nis basis, death in n			
	resu	Ited fram: Natural ca	uses X A	coldent Suicide		Undetermined mann	er		
	ACTU		Levely	Zyly M.D.	CHIEF MEDICAL E			DATE SIG	GNED
	FXAMI	1010	BREITENE		ASSOCIATE MEDICAL E			1-9-6	56
		EMATION 238. DATE		C. NAME & CEMETERY .	CREMATORY 23D.	LOCATION (City,	, town, or co	ounty) (	(Stote)
24	Burial	D BY HEALTH DEPT.	166 248, NAME	Mt. Calvary	Cemetry 24C. FUNERAL DIRECTO	A A County	Md	DDRESS	
	JAN	11 1966 PM		Farley MA		Halstead 12	06 W N	orth Av	re
V	5 151-REV. 1/1	/65	1 0 /	6 6 6 5	00286	)			- 1



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was D.O.A.

IMPORTANT

FUNERAL DIRECTOR:

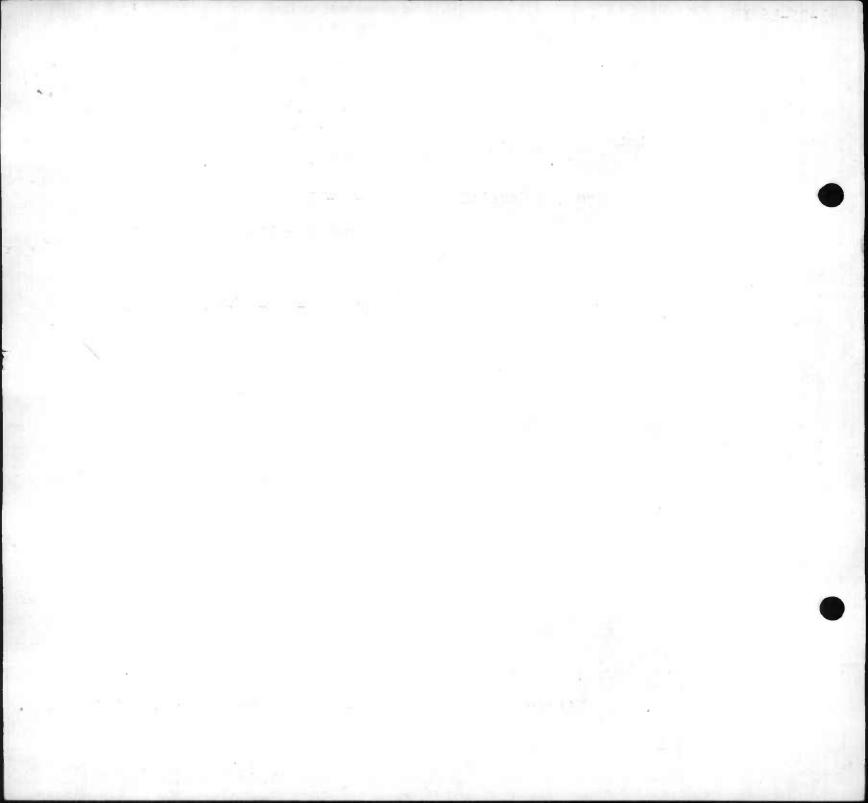
BALTIMORE CITY HEALTH DEPARTMENT Registered Na. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) 3. PLACE OF DEATH IN BALTIMORE, MARYLAN USUAL RESIDENCE (Where deceased lived. If institution: residence before admission FULL NAME OF (If not in hospital or institution, give street Maryland HD SPITAL OR oddress or locotion) (If outside city limits, write RURAL and BALTIMORE CITY HOSPITALS Baltimore 4940 EASTERN AVENUE D. STREET ADDRESS (If rurol, give location) BALTIMORE, MARYLAND #21224 2218 McCulloh St. #21217 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. Months: Doys B. DATE OF BIRTH If Under 24 Hrs. 5. SEX Hours lost birthday) WIDOWED, DIVORCED (specify) Male Negro Married 1-28-03 62

100 USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Laborer South Carolina USA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME AODRESS 17. INFORMANT 15. Was Deceased Ever in U. S. Armed Forces (Yes, no or unknown) (If yes, give war or dotes of service) SECURITY NO. RECORDS-BCH-4949 EASTERN INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This daes not mean the mode of dying, e.g., hearl failure, astheria, etc. It means the disease, injury at complication which caused death.) ANTECEDENT CAUSES DUE TO are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoting the before the remains UNDERLYING CONDITION lost. H CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF OEATH? 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) WAS PERFORMED 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, farm, factory, street, office bldg., INJURY OCCUR? 21A ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If in Boltimore City, give exact location) DEATH (notify medical examiner) etc.) MEDIC/ be obtained (Month) (Ooy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPRDX) At Work Work 22. I certify that (1) (this hospital) attended the deceased from that (H (we) last saw the deceased alive an. and that in (my) (aur) opinion death accurred on the date and haur and from the causes stored above. (H) (We) (did) (did not) view the bady after death. must 23A. SIGNATURE 23B. DATE SIGNED Attending Med. Staff M.O. Phys. Director written approval Phys. L 23D. ADDRESS 23C. PHISICIAN'S NAME (Type) 4940 Eastern Silverman BCH-Alex Avenue 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY REMOVAL (Specify) Cemetry D Baltimore

Burial 1/13/66 Mt Auburn VS 150-REV. 1/1/65

Adolphus Malstead 1206 W North Ave

AOORESS

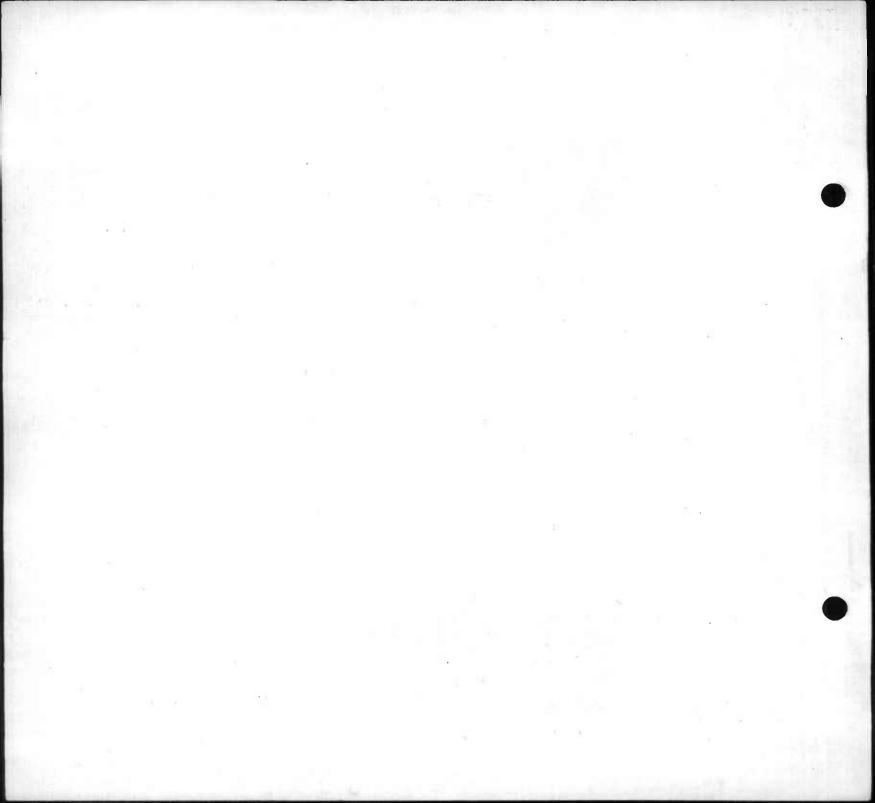


258. NAME OF REGISTRAR

SDM

VS 150-REV. 1/1/65

Registered No. 66 110299 RESIDENCE (Where deceased lived, if institution; residence (If outside city limits, write RURAL and give If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS RECORDS: BCH 4940 Eastern Ave. Balto. Md. 21224 INTERVAL BETWEEN ONSET AND DEATH (If in Baltimore City, give exact lacation) and that in (my) (pur) opinion death accurred on the date 23 B, DATE SIGNED (City, town, or county) Baltimore Md 25C. FUNERAL DIRECTOR Halstead 1206 W North Ave Adolphus



	BALTIMORE CITY HEALTH DEPARTMENT
	BIRTH NO. 66 00293 CERTIFICATE OF DEATH Registered No. 66 00293
	M.E. CASE NO.  1. NAME OF DECEASED (MONTALLE)  2. DATE AND HOUR OF DEATH  (Type of Phinth  1. Type of Phinth  2. DATE AND HOUR OF DEATH  (Type of Phinth  1. Type of Phinth  2. DATE AND HOUR OF DEATH  (Type of Phinth  1. Type of Phinth  2. DATE AND HOUR OF DEATH  (Type of Phinth  1. Type of Phinth  2. DATE AND HOUR OF DEATH  (Type of Phinth  1. Type of Phinth  2. DATE AND HOUR OF DEATH  (Type of Phinth  1. Type of Phinth  2. DATE AND HOUR OF DEATH  (Type of Phinth  1. Type of Phinth  2. DATE AND HOUR OF DEATH  (Type of Phinth  1. Type of Phinth  1. Type of Phinth  1. Type of Phinth  2. DATE AND HOUR OF DEATH  (Type of Phinth  1. Type of Phinth  2. DATE AND HOUR OF DEATH  (Type of Phinth  1. Type of Phinth  1. Type of Phinth  2. DATE AND HOUR OF DEATH  (Type of Phinth  1. Type of Phinth  1. Type of Phinth  1. Type of Phinth  2. DATE AND HOUR OF DEATH  (Type of Phinth  1. Type of Phinth  2. DATE AND HOUR OF DEATH  (Type of Phinth  1. Type of Phinth  2. DATE AND HOUR OF DEATH  (Type of Phinth  1. Type of Phinth  2. DATE AND HOUR OF DEATH  (Type of Phinth  1. Type of Phinth  2. DATE AND HOUR OF DEATH  (Type of Phinth  1. Type of Phinth  2. DATE AND HOUR OF DEATH  (Type of Phinth  1. Type of Phinth  2. DATE AND HOUR OF DEATH  (Type of Phinth  1. Type of Phinth  2. DATE AND HOUR OF DEATH  (Type of Phinth  1. Type of Phinth  1. Type of Phinth  (Type of Phinth  1. Type of Phinth  1. Type of Phinth  (Type of Phinth  1. Type of Phinth  (Type of Phinth  (T
1	3. PLACE OF DEATH IN BALTIMORE, MARYLAND   14. USUAL RESIDENCE (Where deceased lived, If institution: residence below admission)
J	A. STATE B. COUNTY
11	FULL NAME OF (If not in hospital or institution, give street oddross or location)  C. CITY OR TOWN (If outside city limits, write RURAL and give township)
4	South Baltimore General Ratto 2/230
-	11 6 0
	5. SEX   6. RACE   7. MARRIED, NEVER MARRIED   B. DATE OF BIRTH   9. AGE (In years   If Under ) Yr.   II Under 24 Hrs.
	Make White War Rice 10/11/1893 lost birthdoy! Months Doy's Hours Min.
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?  Retired 10 19 19 19 19 19 19 19 19 19 19 19 19 19
	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	WILLIAM EDWARD BOSWELL Isabelle Gardner
	15. Wos Doceased Ever in U. S. Armod Farces?  (Yas, no prunknown) (III) yes, givo wor adaptes of servico)  SECURITY NO. 17. INFORMANT/1185, ATH 1'8 C. ADDRESS
	Tes WWI 07-3871 BOSNELL (WIFE)
	CAUSE OF DEATH  INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH  (A) (R) MIddle Lope Preumonia 11days
	(This daes not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
	ANTECEDENT CAUSES  (B)  DUE TO
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the COLLARONIC PULL Emphysique years
	UNDERLYING CONDITION last.
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
	TO THE DEATH BUT NOT RELATED TO THE URINARY RETERITION due to BPH
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	U 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID   (If in Boltimore City, give exect locotion)   OR CONTRIBUTING   CAUSE OF   home, fortory, street, office bidg.,  INJURY OCCUR?
	DEATH (notily medical axaminet) etc.)
	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While At Not While
	(APPROX.) Work At Work .
	22. I certify that (this haspital) attended the deceased from 12 - 26 1965 to 1 - 10 1965, that (we) lost saw the deceased alive an 1 - 10 1965 and that in (my) (our) opinion death occurred on the date
	and hour and from the causes stated above. (I) (#e) (did) (did not) view the bady after death.
	23A. SIGNATURE 23B. DATE SIGNED
	M.D. Attending Med. Stoff 1-10-66
	23C. PHYSICIAN'S NAME (Typo)
	JOHN CONROY, M.D. South Balto. Gen. Hosp 1213 Light St.
	MARIAL (Specify) TAN 12-190 HOLY CROSS Com BROOKLYN AACO, M.
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 28G. FUNERAL DIRECTO CURTIS E. EVANS ADDRESS 212
	JAN 11 1966 Robert E. January Controller 1 4803, CBARLES ST. 01030
	VS 150-REV. 1/1/65

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death.

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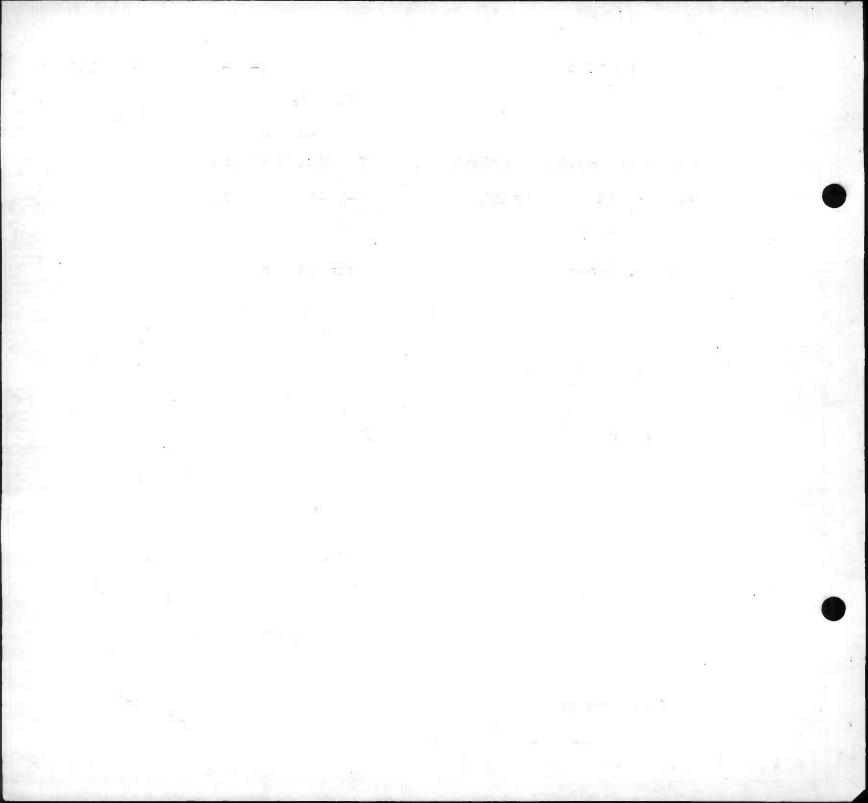
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contributing cause of death Undetermined cause; (5) Deceased attend prior made. regular deceased eath 2 ispositio SID ਰ the 4 3 assistant 0 death kind; final attendance any nuced 0 balmed of prono fracture the chief medical examiner ar gol me 0 ¥ 9 are 4 <u>e</u> physician the remains Mas burns; physician Body the 0 before by 3 where to the hospital å any nature; obtained 9 (except ; and (6) approved death); of hospital the body was released must accident 0 approval 0 prior at An 4 deceased 0.0 shows: dis

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT Registered No.66 01)294 66 00294 CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH 1. NAME OF DECEASED Ann (Type or Print) 1=10-66 7:20 a Margaret Howe 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) B. COUNTY A. STATE Virginia FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION Newport News D. STREET ADDRESS (If rural, give location) 3 Pointdaxter Drive Johns Hopkins Hospital 9. AGE (In years MARRIED, NEVER MARRIED B. DATE OF BIRTH If Under 1 Yr. S. SEX 6. RACE If Under 24 Hrs. Hours WIDOWED, DIVORCED (specify) lost birthdoyl 37 Married 5-24-28 Female White tOA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housewife Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry H. Knapp Etta McGowan 15. Was Deceased Ever in U. S. Armed Forces ADDRESS 16. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. None No Johns Hopkins Hospital Records CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY OSARCOMA LEADING TO DEATH LARS (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the diseose, injury or complication which coused death.) RO. IN TESTINAL INEMHORNAGE ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving ? SMALL BOWEL OBSTRUCTION rise to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 2 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20 A. AUTOPSY? IYes or No. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION CERTIF WAS PERFORMED YES 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY le.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? Ilf in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notity medical examiner) 21D. TIME OF INJURY (Year) IDoy) (Year) [Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While | (APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased from 19 65 to that (D (we) lost saw the deceased alive on... 19 6.6. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (1) (We) (did) (did not) view the body ofter death. 23A. SIGNATURE 23B. DATE SIGNED Attending Phys. Med. Phy s. M.D. Director 23D. ADDRESS 23 C. PHYSICIAN'S NAME (Type) Allen Johnson The Johns Hopkins Hospital 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION REMOVAL (Specify) Virginia Sunnyslope Cemetery West Point. 66 Removal 1 - 10 -25A, DATE REC'D BY HEALTH DEPT 25B. NAME OF REGISTRAL 25C. FUNERAL DIRECTOR

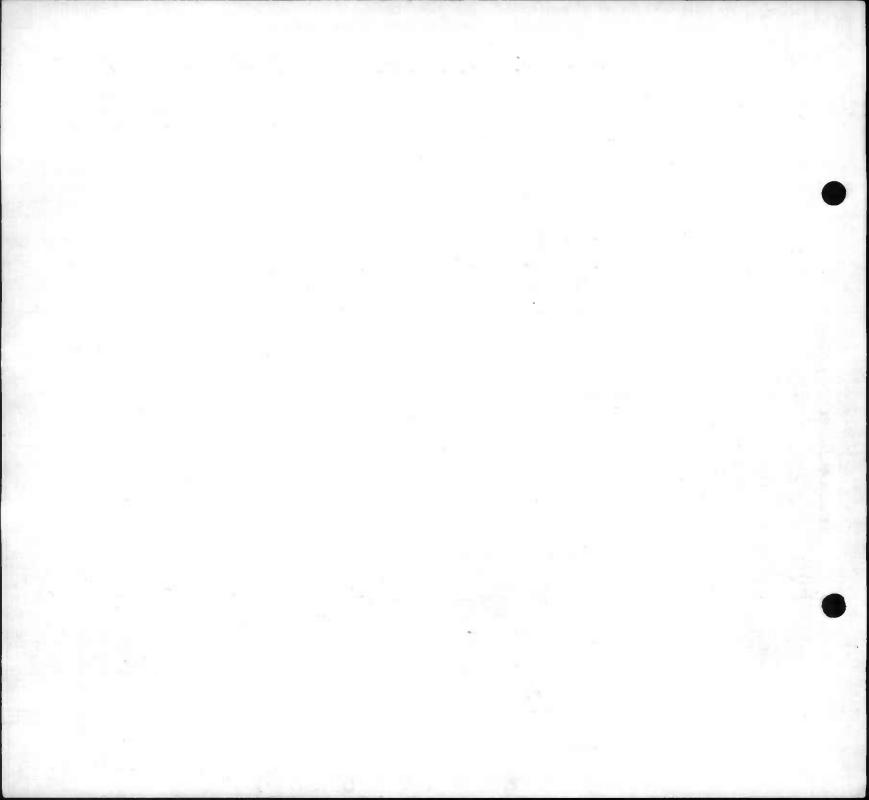


1966

VS 150-REV. 1/1/65

		66 002	BALTIMORE	CITY HEALTH DEPARTMEN		0.0000=
BIRTH NO.		00 000	CERTIFIC	CATE OF DEAT	H Registered No.	b 111295
	OF DECEASE	MARI	irginia		E AND HOUR OF DEATH	100 D
		IN BALTIMORE MAI	NITARWA	RD	1-10-60	1/- /
3. PLACE	OF DEATH	IN BALIMORE MAI	RILAND	A. STATE B. C	COUNTY	institution: residence before admis
FULL N	AL OR	(If not in hospital a	or institution, give street	c. CITY OR TOWN	d	RURAL ond give township)
INSTITU					Baltimore	KUKAL ond give township)
0			Ill Nursing Home	D. STREET ADDRESS	(If rural, give location)	
		Lafayette	and John Sts.	2105 N.	Charles Str	eet
5. SEX	6. R.	ACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Months: Doys Hours M
	ale	White	Never married		72	
		TON (Give kind of working lite, even if retired)	10B, KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State o	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
		act. Nurse	Nursing	Near Belai	r, Maryland	
13. FATHE	R'S NAME		Born	14. MOTHER'S MAIDEN		Born
		m D. Harwa	/		inia Jeffery	
15. Was D	unknown) (If	in U. S. Armed Forces, give wor or date:	s of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT: Sis	ter	ADDRESS City
NO		******		Mrs. Lydia		05 N.Charles St
18.	154	V I	CAUS	E OF DEATH		INTERVAL BETWEEN
6		R CONDITION DIR	ECTLY	ancer of	W-1	105
rise	la the a	CONDITIONS, if a bave couse (A) ONDITION last.				
2 10	THE DEAT	II  INT CONDITIONS CONTROL  H BUT NOT RELA  IDITION CAUSING IT	TED TO THE			
DI 19A. D	ATE OF OPI	RATION 198. CONI	DITION FOR WHICH OPERATION ORMED	20A. AUTOPSY? (Yes	or No. 20B. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
OR CO	ONTRIBUTING H (notify med	VAS UNDERLYING  G CAUSE OF dicol exominer)	21B. PLACE OF INJURY (e home, form, foctory, streetc.)	.g., in or obout 21 C. WHERE D H, office bldg., INJURY OCCU	ID (If in Boltimo	re City, give exact location)
21D. T	TME (Me	onth) (Doy) (Year)	(Hour) 21E INJURY OCCURRED		D INJURY OCCUR?	2
E (APPR	OX.)			While	1	/
22. 1	certify that	(1) (this hospital)	ottended the deceased from	det	1960 10	anuary 10 196.
thot (	(1) <del>(we)</del> las	t sow the decease	d olive on Janua	10 1966 01	nd that in (my) (que) ap	Inion dooth occurred on the
and h	naur ond fro	m the causes stat	ed above. (1) (46) (did) (414			
23A. S	IGNATURE	PIXI				23 B. DATE SIGNED
1//	lillia	W THE	eltrel M.D.	Attending Med. Phys. Director	Stoff Phys.	1-10-106
	HYSICIAN'S IAME (Type)	1001	1	238. ADDRESS		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	William	G. Helfrich	A.D. XXXX	Roland Aven	ue, City 10
24A. BURI REM	AL CREMAT	ION, 248. DATE	24C. NAME of CEMETERY of	CREMATORY 24	4D, LOCATION (C	City, town, or county) (Sto
	rial	12/Jan/	66 Mt. Zion Ce	m. (Nr Belair -	- Harford Co.	, Maryland)
25A. DAT	E REC'D BY	HEALTH DEPT.	258. NAME OF REGISTRAR	25C. FUNERAL DIRE	CTOR	ADDRESS
J	AN 11	1966 12 0	Br. D. Far Own M.A.	Stewart &	Mowen Co., 1	08 W.North Av.

25B. NAME OF REGISTRAN ADDRESS 25C. FUNERAL DIRECTOR 62. Mowen Co., 108 W.North Av.City Stewart 80



BALTIMORE CITY HEALTH DEPARTMENT



This certificate must be

ALE CASE NO	-66 008	CERTIFICA	ATE OF DEATH		66 00297
1. NAME OF DECEASED			2, DATE AN	D HOUR OF DEA	TH
(Type or Print) Harr	ry Perkins		1-6-	66	12+05P
3. PLACE OF DEATH IN	BALTIMORE, MARYLA	ND	4. USUAL RESIDENCE (When	e deceosed lived. I	If institution: residence before ad
FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospital or in: address or location)	stitutian, give street	Maryland C. CITY OF TOWN (If out		ite RURAL and give township)
3			Baltimore D. STREET ADDRESS (IF	ural, give location)	
The Johns H	Hopkins Ho	spital	1621 Darley	Avenue	
	egro	MARRIED, NEVER MARRIED (Specify) WIDOWED, DIVORCED (Specify) WIDOWET KIND OF BUSINESS OR INDUSTR	may3, 1881	9, AGE (In years lost birthday) 84	If Under 1 Yr. If Under Months Doys Hours
done during most of working		AND OF BOSINESS OF INDUSTR	n.e.	gii counity)	WHAT COUNTRY?
13. FATHERS NAME			14. MOTHER'S MAIDEN NAM	ΛE	
15. Was Deceased Ever in (Yes, no or unknawn) (If yes	U. S. Armed Forces? s, give war or dates of	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
			mary adam	re/	
18.4-437	( 1	CAUSE	OF DEATH		INTERVAL BETWE
LEADI	CONDITION DIRECT	(A) C	VA		6 DAY
heort foilure, ostheri	an the mode of dyir iia, etc. II meons the on which coused dea	diseose,			_
ANTEC	EDENT CAUSES	(8)	ASCVD		20 YR
DISEASES OR CO	ONDITIONS, if ony, ve cause (A) stat NDITION last.	(B) DUE TO	ASCVD		
DISEASES OR CO	NDITIONS, if ony, ve cause (A) state of the cause (A) state of the cause of the cau	giving (C)		1	
DISEASES OR CO	ONDITIONS, if ony, ve cause (A) state NDITION last.	giving (C)		1	
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DISEASES OR CO	ONDITIONS, if ony, we cause (A) state of the condition to the conditions continued by the condition causing it.  ATION 19B. CONDITION AS PERFORM  S UNDERLYING CAUSE OF	giving giving fing the (C)  RIBUTING TO THE  ON FOR WHICH OPERATION AED  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	20 A. AUTOPSY? (Yes or No  VES  , in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	20B. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSSS OF DEATH?
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DISEASES OR CO rise to the obo- UNDERLYING CON  OTHER SIGNIFICANT TO THE DEATH DISEASE OR CONDI  19A. DATE OF OPERA  OR CONTRIBUTING DEATH (notify medical OF INJURY (APPROX.)  22. I certify that (I (we) lost s and hour and from	NDITIONS, if ony, we cause (A) state of the condition last.  I T CONDITIONS CONT BUT NOT RELATED LITON CAUSING IT.  ATION 198. CONDITION WAS PERFORM.  S UNDERLYING CAUSE OF of examiner.  I (this haspitol) of the condition cause of the deceased of the condition cause of the caus	giving ing the (C)	20 A. AUTOPSY? (Yes at No Section 1) 21 C. WHERE DID office bidg., 21 F. HOW DID INJURY OCCUR?	O 208. IF YES, WE IN CERTIFYING  (If in Bolfin	RE FINDINGS CONSIDERED CAUSSS OF DEATH? more City, give exoct locotion)
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1966 (P 25B. NAME OF REGISTRAR 6 FUNERAL DIRECTOR 5 VS 150-REV. 1/1/65

CVA

J. R. SPENCER

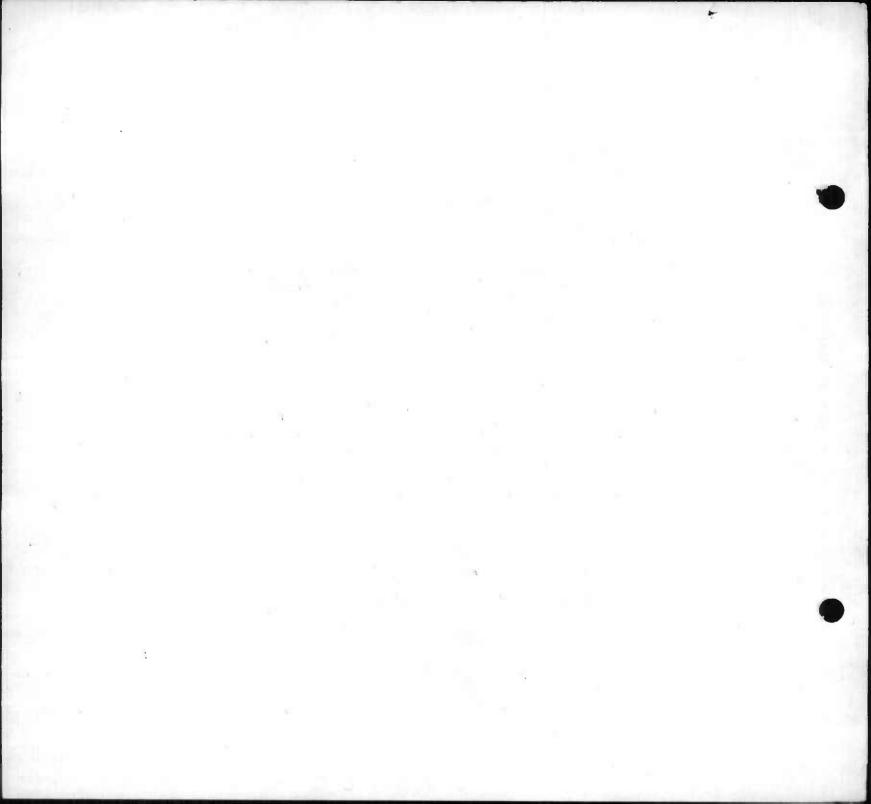
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such IMPORTANT FUNERAL DIRECTOR:

	BALTIMORE CITY	HEALTH DEPARTMENT	66	3 00298
BERTH NO. M.E. CASE NO. GG 00298	CERTIFICA	TE OF DEATH	Registered No.	) 00400
1. NAME OF DECEASED (Type or Print)  Letting		2. DATE AN	HOUR OF DEATH	1345y
3. PLACE OF DEATH IN BALTIMORE, MARYLAND  FULL NAME OF (If not in hospital or institution, grands of location)  INSTITUTION  3. PLACE OF DEATH IN BALTIMORE, MARYLAND  FULL NAME OF (If not in hospital or institution, grands)  FULL NAME OF (If not in hospital or institution, grands)  FULL NAME OF (If not in hospital or institution, grands)	ve sheet	A. USUAL RESIDENCE (Wise A. STATE B. COUN'	deceased lived. If insti	cita
Johns Hopkins Hes	pital	D. STREET ADDRESS (If I	Brotale	St
5. SEX 6. RACE 7. MARRIED, N. WIDOWED, MAR	DIVORCED (specify)		ost birthdoy)	If Under 1 Yr. If Under 24 His Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF Education during most of working life, even, if retired)	SUSTNESS OR INDUSTRY	11. BIRTHPLACE Store of foreign Call.  14. MOTHER'S MAIDEN NAM	ulina	12. CITIZEN OF WHAT COUNTRY?
JOHN WHITFIELD		MARY I	DAVIS	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	6. SOCIAL SECURITY NO.	Hoy Cle	10096	Beddle ST
DISEASE OR CONDITION DIRECTLY	CAUSE O	F DEATH	)	INTERVAL BETWEEN ONSET AND DEATH
(This does not meen the made of dying, e.g., hearl failule, asthenio, elc. It means the disease, injuly of complication which coused deoth.)	(A) DUE TO	7		
DISEASES OR CONDITIONS, if any, giving tise to the above cause (A) stating the UNDERLYING CONDITION last.	DUE TO			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Chaic	Renal Dia	ene c Uh	ene 7
19A. DATE OF OPERATION 19B. CONDITION FOR WIN	HICH OPERATION	20A. AUTOPSY? (Yes or No.	208 IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS CONSIDERED
U 21A. ACCIDENT WAS UNDERLYING 218. P	LACE OF INJURY (e.g., i form, foctory, street, o	n or obout 27C/WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore C	City, give exoct locotion)
	NJURY OCCURRED  Not While At Work		JRY OCCUR?	
22. I certify the this hospital) attended the	1/		9 65 to	on death accurred on the da
and hour and from the causes stated above. (1)		ending Med.	Stoff Phys.	38. DATE SIGNED
23C. PHYSICIAN'S NAME (Type)  24A. BURIAL CREMATION,  24B. DATE  24C. NAME  2	10 M.D.	Johns Ho	pKinst	to spital town, or county) (Slote)
25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF	all Mat	25C. FUNERAL DIRECTOR	501 tres	drick and
JAN 11 1966 Robert & For	COUNTRY CO	" Judely no	Lukson	112971. Carl



BIRT	TH NO. GG DAZA	CERTIFICA	TE OF DEATH	Registered No.	140209
1. N	AME OF DECEASED / A MINA	CERTITION		HON OF DEATH	20
	pe or Print)	COX	/	19/0	6 4.3A, M
	PLACE OF DEATH IN BALTIMORE, MARYLAND	11 12	A. STATE B. COUNT	e deceased lived. If insti	tution; residence before odmission)
1	HOSPITAL OR ON Oddress or occiton	untrifectules Hospit	c. CITY OR TOWN (If outs	ide city limits, write RU	RAL ond give township)
4			Baltimone D. STREET ADDRESS (III	urol, give location)	
1			100	ston A	uchne
5. S	EX 6. RACE 7. MAR	RIED, NEVER MARRIED QWED, DIVORCED (specify)	8. DATE OF BIRTH /	. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
104	21 / //	arnied	1/12/69	55 yrs	12. CITIZEN OF
	during most of working life, even if retired)	acation	7		WHAY COUNTRY?
13.	FATHERS NAME		14. MOTHER'S MAIDEN NAM	NE	UOA
	William Jack	sin	Many		
15. Yes	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dotes of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT	2 (	ADDRESS
	NA		mellan G	04	
	DISEASE OR CONDITION DIRECTLY	CAUSE C	F DEATH	/	ONSET AND DEATH
	LEADING TO DEATH	(A) Core	bral Vascular H	emornhage	
	(This does not meon the mode of dying, heart failure, asthenia, etc. It meons the disc injury or complication which caused death,)			0	
	ANTECEDENT CAUSES	(8)			
	DISEASES OR CONDITIONS, if any, gi				
	rise to the obave couse (A) stoting UNDERLYING CONDITION lost.	The (C)		· D at draft was m as m m m m m m m m m m m m m m m m	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO	UTING THE	1/A		
FICA	DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE FIN	DINGS CONSIDERED
CERTIFIC	21A. ACCIDENT WAS UNDERLYING		No		
¥	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	ffice bldg., INJURY OCCUR?	(If in Politimore C	City, give exact location)
LAJ.	21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?	1 ,
8	(APPROX.)	While At Not Whi At Work		//	/2/
	22. I certify that (this hospital) attend	led the deceased from	1/8	6 do	1 9 19 66
	that 4) (we) lost sow the deceased alive	//	V .	t in (pur) (our) opinie	on deoth occurred on the dot
	and hour oud from the causes stated above	ve. (4) (We) (did) (did net)	riew the body ofter deoth.	12	38, DAYE SIGNED
	Harry 1950	M.D. Att	ending Med.	Stoff Phys.	1/9/66
	23C, PHYSICIAN'S		23D. ADDRESS		77 7706
	CHARRY J.		THE UNION MI		
24A	REMOVAL (Specify)	C. NAME OF CEMETERY OF CR	EMATORY 24D. LO	CATION (City,	town, or county) (State)
25	DATE REC'D BY HEALTH DEPT. 25B NA	ME OF REGISTRAR	25C, FUNERAL DIRECTOR	301 Trea	ADDRESS
	JAN 11 1966 Robert E.	of Challen A.M.	ment , &	steckeou	1129 7. Cachlin
VS	150-REV. 1/1/65	to be to	1/1 6 7 0		

THE TENT OF THE PERSON OF THE

IMPORTANT

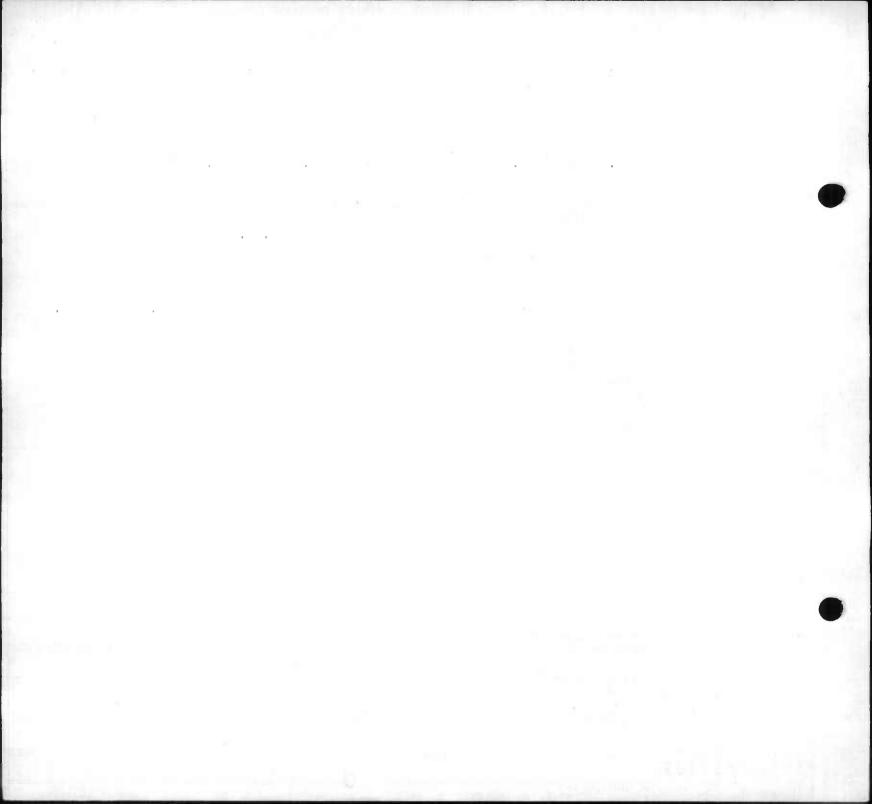
DIRECTOR:

FUNERAL

66 00300 CERTIFICATE OF DEATH Registered No BIRTH NO. Jan 8, 1966 6:30 PN

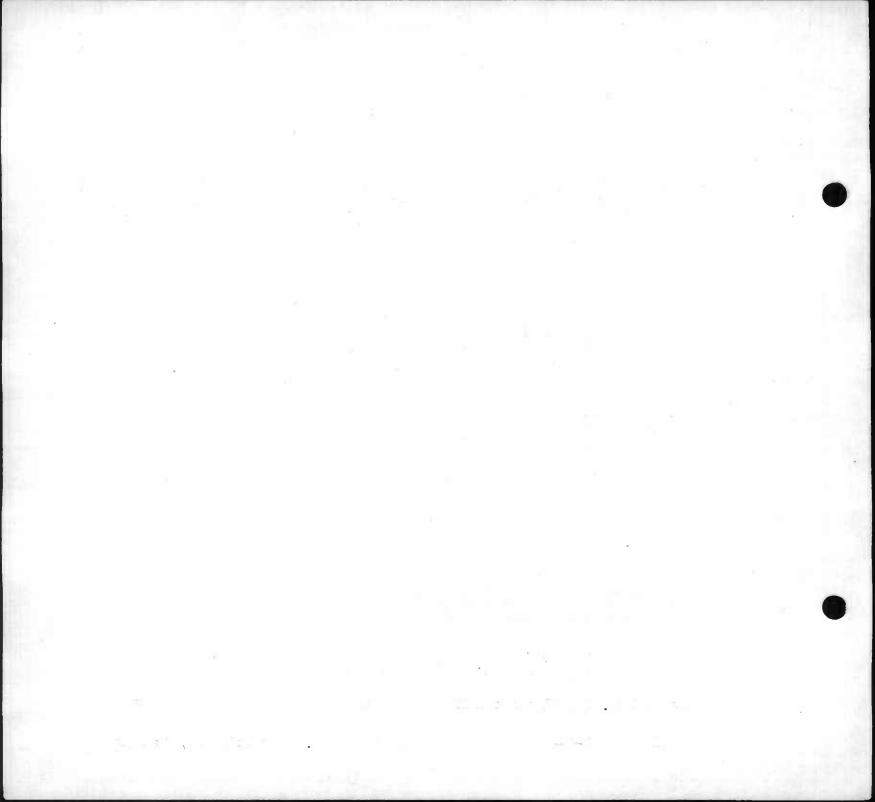
4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission)
A. STATE B. COUNTY (If outside city limits, write RURAL and give township) If Under 24 Hrs. Hours Min. If Under 1 Yr. Months Doys Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS 806 E. Preston St. INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in (my) (ext) opinion dooth occurred on the dote 23B, DATE SIGNED VS 150-REV. 1/1/65

**BALTIMORE CITY HEALTH DEPARTMENT** 

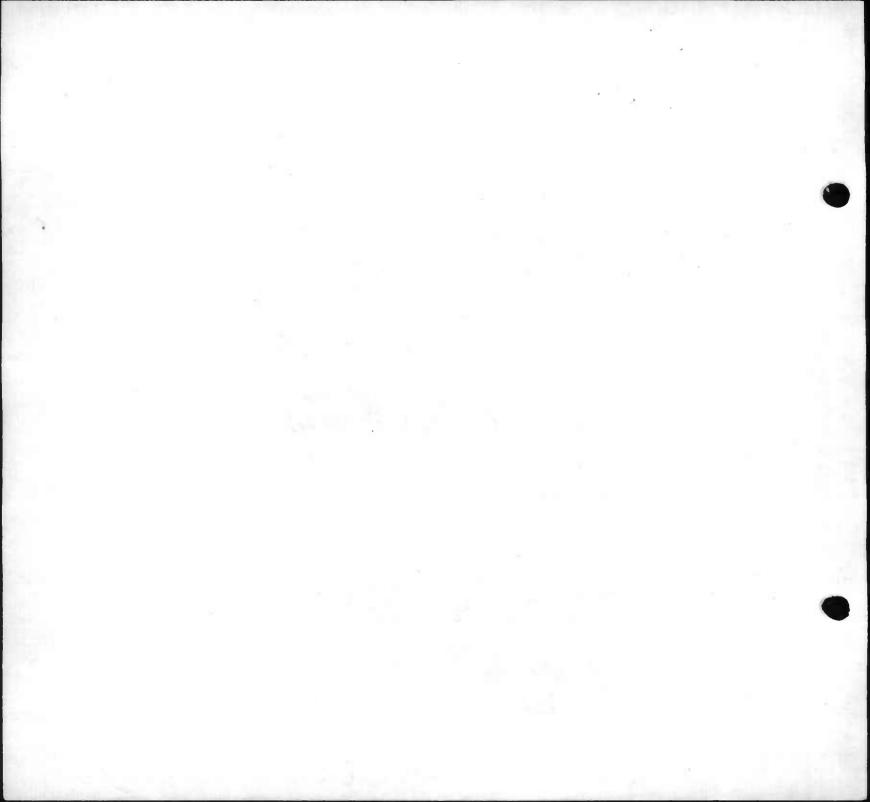


## This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

		BALTIMORE CITY	HEALTH DEPARTMENT		(10) (1) (10)	11
M.I	H NO. 66-00639 66 0030	CERTIFICA	TE OF DEATH	Registered No	185414	4
(Ty	PLACE OF DEATH IN BALTIMORE, MARYLAND	Aby Boy	2. DATE ANI	D HOUR OF DEATH	tution: residence before admis	M.
1	FULL NAME OF (If not in haspital or institution HOSPITAL OR address or location) NSTITUTION	on, give street	MARYLAND	6	RAL ond give township)	1,2
5	Tahne Hanking	11-00-1-1		ural, give locotion),	MA DejRA	-
5. 3		IED, NEVER MARRIED WED, DIVORCED (specify)		AGE (In years ast birthday)	If Under 1 Yr. If Under 24 Wonths Days Hours M	Hrs.
	USUAL OCCUPATION (Give kind of work 108, KIND eduring most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	in country)	12. CITIZEN OF WHAT COUNTRY?	1
15.	FATHER'S NAME  William DAUK  Was Deceased Ever in U. S. Armed Forces?	[16, SOCIAL	Bavery  17. INFORMANT	KApt	ADDRESS	
(Ye	s, no or unknown) (If yes, give war ar dates of service)	SECURITY NO.	DEATH		INTERVAL BETWEEN	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e	(A) Res	piratory A	rest	onset and Death	
	hearl failure, aslhenia, etc. II means the disea injury or camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giv	(B)	· · · · · · · · · · · · · · · · · · ·	**************************************		) n n n n n n n n n n n n n n n n n n n
	rise Ia The abave cause (A) slating UNDERLYING CONDITION last.	-	REMATURIT	<u> </u>		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE NOA	JE			
CERTIFICATIO	WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS CONSIDERED LES OF DEATH?	
	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, aft etc.)	or about 21 C. WHERE DID ince bidg., INJURY OCCUR?	(If in Baltimare (	City, give exact location)	
MED	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E, INJURY OCCURRED  While At Not While At Work	21F. HOW DID INJU	IRY OCCUR?		
	22. I certify that (1) (this hospital) attende that (1) (we) last sow the deceased alive a	. /		t in (my) (our) opini	on death occurred on the	
	and hour and from the couses stated above 23A. SIGNATURE  Hom W. Eugelhar	Atter M.D. Atter	nding Med. Director	Stoff 2	38. DATE SIGNED	
244	23C. PHYSICIANS NAME (Type)  Samuel M. Engelhard BURIAL CREMATION, 248, DATE  240		The Johns Ho			ata)
C	REMATION 1-7-66 TI	he Johns Hopk		ltimore, M		ner
	JAN 11 1966 P.O. 15 8.	Fallyna n	O HOSPITAL	DISPOSAT	1	



		BALTIMORE CITY	HEALTH DEPARTMENT		00 00000
	TH NO 66 00302	CERTIFICA	TE OF DEATH	Registered No.	66 00302
1. N	AME OF DECEASED	21 71	2. DATE AN	D HOUR OF DEATH	
	PLACE OF DEATH IN BALTIMORE MARYLAND	v. An	MA USIVAL RESIDENCE (Who	e doce a sed lived. If in	Stitution: residenco beforo admission)
	, series of seri		A. STATE B. COUN	TY TY	> 0 All
1	FULL NAME OF (If not in hospital or institute oddross or tocation)	in, give street	C. CHTY OR TOWN (If out	side city limits, write I	RURAL and give township)
1	NSTITUTION Commany	one.	Bartin en	, /	
U	25 011	0 8.	D. STREET ADDRESS	rural, give location)	
	335, Cono	e Clue	32 S. Ut	hal Cl	ve
5. 5		RIED, NEVER MARRIED DWED, DIVORCED (specify)		9. AGE (In years lost birthday)	Months Doys Hours Min.
	. USUAL OCCUPATION (Give kind of work 108, KIN e during host of warking life, even if retired)	D OF BUSINESS OR INDUSTRY	W. BIRTHPLACE (Syde or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AF /	
C	Elistian Gabonhe	imer	Charlott	2 Hec	kel
15. (Ye:	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dotes of serv	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	Ilono	ADDRESS COLO
-	18. 4 4 9 9 9	CAUSE	F DEATH	man Nina	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	0 -	A P -		ONSET AND DEATH
	LEADING TO DEATH	(A) COR	levi Active	lic Hear	7 Dulase
	(This does not mean the mode of dying, heart failure, osthenia, etc. It means the disc			0	
	injury or complication which coused deoth,)	100 10	Muscasalial	HOMEN	i postion
	ANTECEDENT CAUSES	DUE TO	A. D. D.	and the state of the state of	Kalentin lightiga Man an William (1900) and a delin man varyon con con con
	DISEASES OR CONDITIONS, if any, gi	_	Il Sailus		
	UNDERLYING CONDITION last.		//		
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBL	ITING	V		
ATIO	TO THE DEATH BUT NOT RELATED TO	THE			
ERTIFIC,	19A. DATE OF OPERATION 19B. CONDITION I	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
AL CE	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	21B. PLACE OF INJURY (e.g., home, larm, foctory, street, etc.)	in or about 21C. WHERE DID	(If in Boltimore	e City, give exact location)
DIC	21D. TIME (Month) (Day) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
ME	(APPROX.)	While At Not Whi			
	22 1	Work At Work		1962 to 6	10000 10/0/0
	22. I certify that (I) (this hospital) attend		V .		nian death occurred on the dat
	that (I) (we) last sow the deceased alive	4		at in (my) (our) opi	nian death occurred on the dat
	and hour and from the couses stated above	/e. (I) (We) (did) (did not)	view the body offer death.		23B, DATE SIGNED
	m/ill 1 /3	M.D. At	ending Med.	Stoff	1.50011
1	23C. PHYSICIAN'S	lon Ph	23D. ADDRESS	Phy s.	6 8 un 66
	NAME (Type)	M.D.	4605 Edms	ndean 1	11/2- Rolle 20
244		C. NAME OF CEMETERY OF CE	EMATORY 24D. L	ACATION (Ci	ity, town, or county) (State)
V	SEMOVAL (Specify)	Laule	1. OK A	ro Les 1	uel
25/	A. DATE REC'D BY HEALTH DEPT.   258. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	0.0	ADDRESS Que
	JAN 1 1966 (1)	- En Farligha	a la sither	7.101110	1 = Arend 1204



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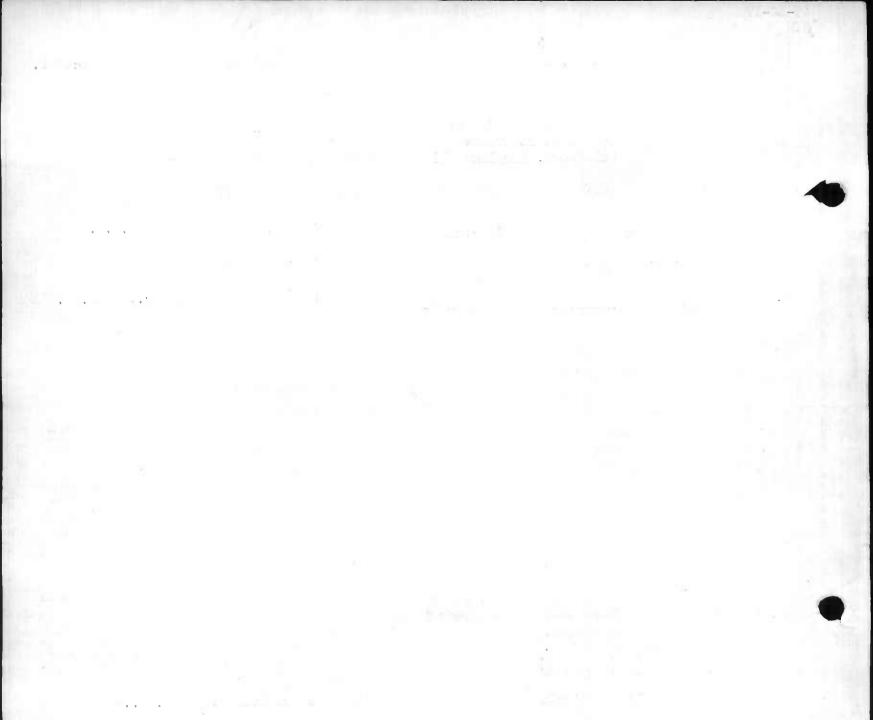
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BALTIMORE CITY HEALTH DEPARTMENT Registered No._ CERTIFICATE OF DEATH BIRTH NO. 66 00304 M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) RODE, Edward 1/9/66 6:00 P. M. 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND B. COUNTY A STATE MARYLAND BALT IMORE FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) BALTIMORE CITY HOSPITALS INSTITUTION - Rural dgemere 4940 Eastern Avenue (If rural, give location) Baltimore, Maryland 2410 Sparrows Point Rd - 21219 made. 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. 5. SEX 6. RACE last birthdoy! Hours MALE WHITE 1/30/08 10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired U.S.A. Baltimore, Maryland Unemployed Ship Hand William Rode Catherine Stein 15. Was Deceased Ever in U. S. Armed Forces ADDRESS 6. SOCIAL final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. RECORDS: BCH 4940 Eastern Ave., Balto. Md. 21224 No 18. 10 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY registère Heart Falaire Strobbe ASCUD Y Malmed LEADING TO DEATH (This daes nat mean the made of dying, e.g., bal hearf failure, asfhenia, efc. II means the disease, injury or camplication which coused death.) em ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if ony, rise to the above cause (A) stating the UNDERLYING CONDITION Iosl. before the remains CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 198, CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION WAS PERFORMED 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING (If in Baltimore City, give exact location) OR CONTRIBUTING CAUSE OF MEDICAL etc.) DEATH (notify medical examiner) obtained (Month) (Doy) (Year) (Hour) 21 E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) At Work Work 22. I certify that (I) (this hospital) attended the deceased fram 19 that (1) (we) last saw the deceased alive an. pe and haur and fram the causes stated abave. (1) (Ne) (did) (did nat) view the bady after death. must 23A. SIGNATURE 238, DATE SIGNED Attending Med. Stoff M.D. Phys. approval 23D. ADDRESS 23 OF PHYSICIAN'S Bruce Whipple 4940 Eastern Avenue, Balto. Md.-21224

and that in (my) (dust aplnian death accurred an the date 24C. NAME of CEMETERY or CREMATORY 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) metery 5712 O'Donnell St. Balto Md. Mount (armel ( JAN 11 1966 ( ) 258 NAME OF REGISTRAR 1966 901 S. Conkling St. #24 VS 150-REV. 1/1/65

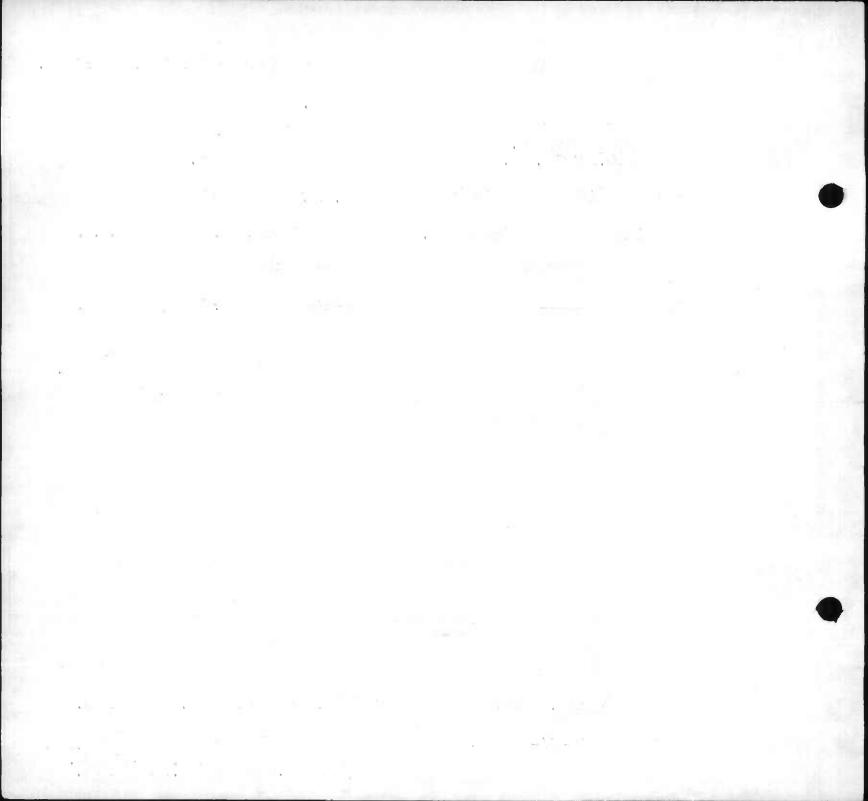


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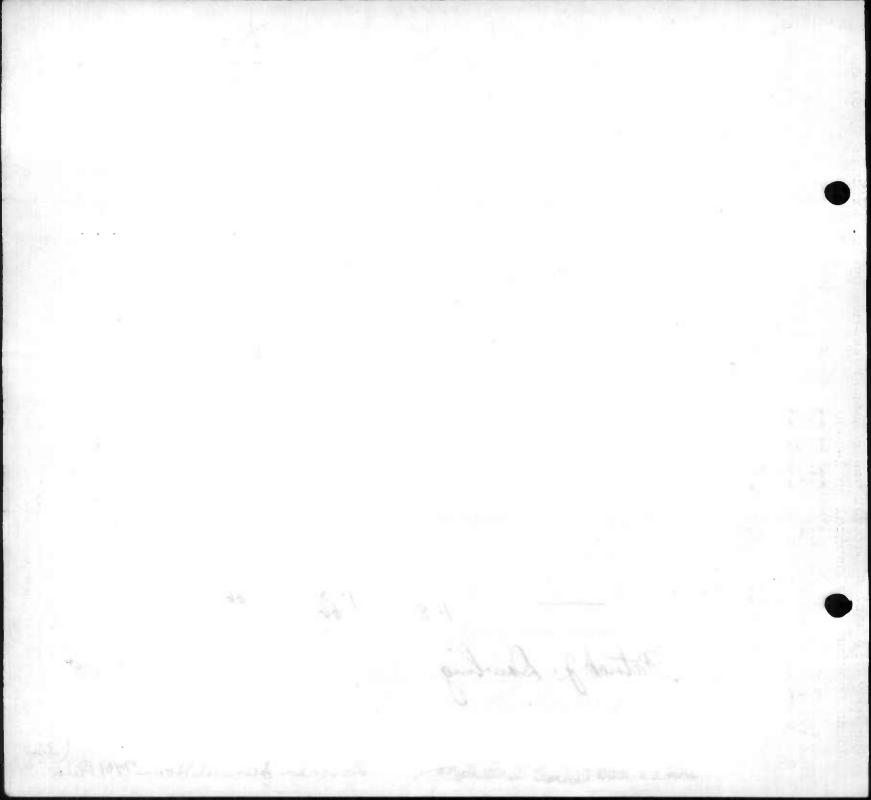
FUNERAL DIRECTOR:

Type or Print)	EASED	Anna Metzoer	2. DATE AND HOUR OF  January 7  4. USUAL RESIDENCE (Where deceosed live	
PLACE OF DE	ATH IN BALTIMORE, MA		4. USUAL RESIDENCE (Where deceased live A. STATE B. COUNTY	ved. If institution; residence before odr
FULL NAME O	F (If not in hospital	or institution, give street	Md.	9 6-09
			C. CITY OR TOWN (If outside city limits	
/	4940 Eastern	ity Hospitals Ave. , Md.	D. STREET ADDRESS (If rurol, give local	
	Balto., 21224	, Md.	3728 Eastern Ave	
Female	White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	Sept. 5. 1882  9. AGE (In yellost birthdoy) 83	Months Days Hours
done during most of	working life, even if retired)	108, KIND OF BUSINESS OR INDUST	RT 11. BIRIMPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	ired	House Work.	Baltimore, Md.	U.S.A.
3. FATHER'S NA		0.00		
5 W D	George Metz		Anna Schader	ADDRESS
Yes, no or unknow	(If yes, give wor or dot			
No		CALICE	Fredricka Metzger: 37	28 Eastern Ave.
1B. 42	SE OR CONDITION D		alt .	ONSET AND DE
	LEADING TO DEATH	(A) /7B	TERIOSCLEROTIC C.V. DISEASE	4 MON
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OTHER SIGN TO THE DISEASE OR OTHER SIGN TO THE DISEASE OR OTHER DISEASE OR OR CONTRIB DEATH (notify (APPROX.)  21 D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we and hour on on our on our or other than the contribution of the contribution	e above couse (A) G CONDITION last.  II IFICANT CONDITIONS IEATH BUT NOT REI CONDITION CAUSING OPERATION 198. COI WAS PEI NT WAS UNDERLYING UTING CAUSE OF medical examiner  (Manth) (Doy) (Year)  that (I) (This happite lost sow the decease of from the couses state  IRE	CONTRIBUTING ATED TO THE IT. NDITION FOR WHICH OPERATION REFORMED  21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)  (Hour)  21E. INJURY OCCURRED While At Not Work  At Wo	20A. AUTOPSY? (Yes or No.)  20B. IF YES, IN CERTIFY!  IN CERTIFY!  All in or obout 21C. WHERE DID  21F. HOW DID INJURY OCCUR?	WERE FINDINGS CONSIDERED NG CAUSES OF DEATH?  Boltimore City, give exact location)  19.  23B. DATE SIGNED.
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258 NAME OF REGISTRAR CEMETERY V\$ 150-REV. 1/1/65



1111		0 14	1 21		BALTIMORE CIT	Y HEALTH DEPARTMENT		00 00000	
7005	BIRTH NO	. Ball	6. Mg66	00306	CERTIFICA	TE OF DEATH	Registered No	66 00306	-
an leat ase th th Suc	1. NAME	OF DECEA	SED			2. DATE	AND HOUR OF DEATH	4.45 A	м.
(5) Dece ance on death.	3. PLAC	OF DEATH	E FEVE	ARYLAND	MALLY	4. USUAL RESIDENCE (VA. STATE B. CO. MARYLAND		institution: residence before admission	1)
attendan ior to de	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION				f outside city limits, write	RURAL and give township)	-		
	3	TH	E JOHNS E	IOPK INS	HOSPITAL	D. STREET ADDRESS	(If rural, give lacation) IWAY SOUTH	33 00	
is made	5. SEX		RACE WHITE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH 12-31-65	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hr. Month's Boys Hours Min.	<u>=</u>
9	IOA. USU	AL OCCUPA		rk 108, KIND OF		Y 11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?	
disposition		None ERS NAME				Baltimore 14. MOTHER'S MAIDEN		U.S.A.	_
			CHARLES			SUSAN ORF	2	ADDRESS	
	Yes, no o	r unknown) (I	rer in <b>U. S. Armed F</b> f yes, give war ar do	orces? tes of service)	16. SOCIAL SECURITY NO.	Mr Charles	LeFever 42 F		
	1B.	768	OR CONDITION D	INE CTI V		OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
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bal	hea	rl failure, as	sthenia, etc. II mean icalian which cause	s the disease,			J		
regu	DIS		CONDITIONS, if		DUE TO			**************************************	****
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		DATE OF C	PERATION 198. CO		WHICH OPERATION	YES	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?	
	OR DEA	ACCIDENT CONTRIBUTI TH (notify or	WAS UNDERLYING NG CAUSE OF nedical examiner)	218 hon etc.	ne, form, factory, street,	in or about 21 C. WHERE DI office bldg., INJURY OCCU	D (If in Boltim	ore City, give exact lacotion)	
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must	23A	SIGNATURI	1-60	0.		ttending Med.	Stoff Phys.	238 DATE SIGNED	
approval	23C	PHYSICIAN NAME (Typ	PATRICK	I DOI	WNING ME	23D. ADDRESS		OSPITAL	
	24A. BU	RIAL CREM	ATION, 24B. DATE		AME of CEMETERY OF C			(City, lown, or county) (State)	70
:		Burial	1-10-1	966 Zi	ion Cemetery	25C. FUNERAL DIRE	Baltimore, Co	ADDRESS 36	1
written a		AN 11	1966 12.0	683	a dayso	- Lassala	Funeral A	10m 7401 Below (	Bri
	VC 160	DEV 1/1/40	44	-	THE RESERVE TO STATE OF THE PARTY OF THE PAR	W W	36		



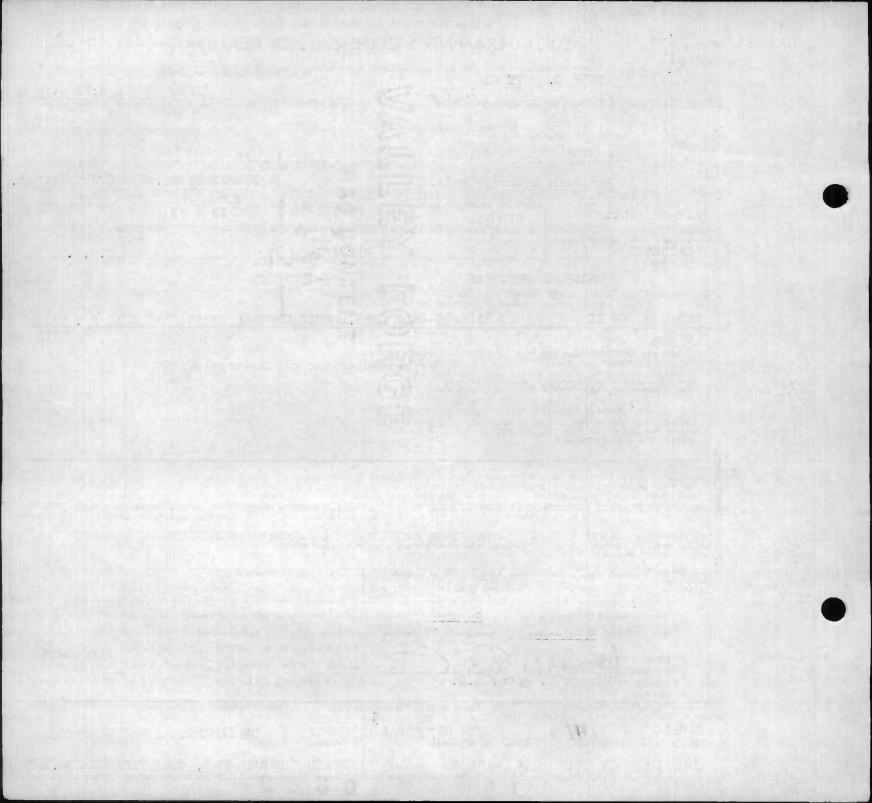
VS 150-REV. 1/1/65

(Mrs) Frances A. Hemsley

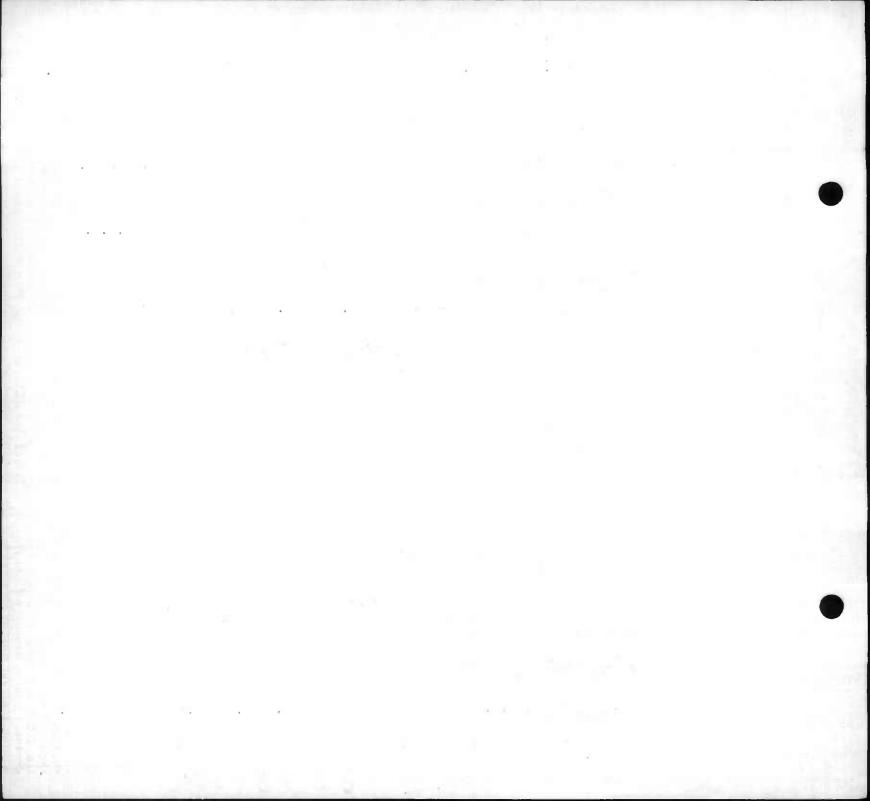
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BIRTH NO.	6 0030 MEDI	CAL EX	CAMINER'S CI	ERTIFICA	TE OF I	DEATH Registe	GG 00308
M.E. CASE NO.	r CPACES						
Type or Print)	BOYD G.	SMITHE BOYD		14/45	2. DATE AN	1/7/66	
3. PLACE IN BA	LTIMORE, MARYLAND, W		G. SMITHER E	4. USUAL RESI	DEN CE (Where	deceased lived. If inst	9:25 a. M. titution: residence before odmission
FULL NAME OF	F (IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITUTION)	JTION, GIVE STREET	C. CITY OR TO	Maryland	B. COU	RURAL and give township)
INSTITUTION					Baltime	ore	25-41
9	Franklin	Square	Hospital	D. STREET ADD			t.3738 CLARENELL
male	6. RACE white	7. MARRIED, WIDOWED, WIDO	NEVER MARRIED DIVORCED (specify) WED	3/7/1		9. AGE (In years lost birthdoy) 72	II Under 1 Yr, If Under 24 Hrs Months Doys Hours Min.
	CUPATION (Give kind of work of working life, even if retired) ERER	TOB. KIND OI	BUSINESS OR INDUSTRY	VIRGINI		n country)	12. CITIZEN OF WHAT COUNTRY?
13, FATHER'S NA				14. MOTHER'S A	AAIDEN NAM		U.D.A.
	MICHAE	L SMITH	ERS		-KRIEGE	R	
	SED EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS
YES	WW II		218-10-0821	MRS, DOR	IS KEND	ALL, 3738 C	LARENELL RD. 2122
18.	(3) 1.			OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
NISE TO UNDERLY	S OR CONDITIONS, IF A THE ABOVE CAUSE (A) ST (ING CONDITION LAST.  II GNIFICANT CONDITIONS DEATH BUT NOT REL	CONTRIBUTION					
-	OF CONDITION CAUSING	DITION FOR	WHICH OPERATION	20A. AUTOPS	Y? (Yes or No)	20B. IF YES, WERE FI	NDINGS CONSIDERED
ō	WAS PERI	FORMED		no		IN CERTIFYING CAU	SES OF DEATH?
UTING C	AL CAUSE WAS GOR CONTRIB- AUSE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., i , lom, foctory, street, o	in or obout 21C.	WHERE DID	Of in Boltimore City, gi	ve exoct locotion)
21D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor		VHILE AT NOT NORK	WHILE	OW DID INJU	JRY OCCUR?	
	ertify that I held on I					s bosis, deoth in m	
ACTU SIGNA EXAM	AL USUS Werner U (Type)	4.5	M.D. Suicide		MEDICAL EX	AMINER X	DATE SIGNED  1/7/66
23A. BURIAL C	REMATION, 23B. DATE	23	C. NAME of CEMETERY o	CREMATORY	23 D. L	OCATION (City	, town, or county) (Stole)
BURIA	d a c		NEW CATHEDDAY	I OFMETER	v	O A T TITMO TO IT	MA DUT AND
	D BY HEALTH DEPT.	24B, NAME	NEW CATHEDRA		AL DIRECTOR	BALTIMORE,	MARY LAND ADDRESS
JAN 1	1 1966 R. Q.	F. 3-6	2 See M. A.	HUBBAR	D FUNER	AL HOME, 410	07 WILKENS AVE.X
VS 151-REV. 1/	1/65	1 0 /	5 81 12 13	00 0	0 7		



M.E. CASE NO.  1.NAME OF DECEASED  (Type or Print)  Henry G. Blum, Sr.  3. PLACE OF DEATH IN BALTIMORE, MARYLAND  FULL NAME OF (If not in hospitol or institution, give street HOSPITAL OR Oddress or locotion)  INSTITUTION  South Baltimore General Hospital  CERTIFICATE OF DEATH  1/6/66  4. USUAL RESIDENCE (Where deceosed lived. It institution: B. COUNTY  Maryland  C. CITY OR TOWN (If outside city limits, write RURAL or Baltimore  D. STREET ADDRESS (If rurol, give locotion)  2019 Harman Avenue Balto. 3	-43
1. NAME OF DECEASED (Type or Print)  Henry G. Blum, Sr.  3. PLACE OF DEATH IN BALTIMORE, MARYLAND  FULL NAME OF (If not in hospitol or institution, give street oddress or locotion)  FULL NAME OF (If not in hospitol or institution, give street oddress or locotion)  South Baltimore General Hospital  2. Date and Hour of Death  1/6/66  4. USUAL RESIDENCE (Where deceosed lived. It institution: B. COUNTY  Maryland  C. CITY OR TOWN (If outside city limits, write RURAL or Baltimore  D. STREET ADDRESS (If rurol, give locotion)  2019 Harman Avenue Balto. 3	-43
3. PLACE OF DEATH IN BALTIMORE, MARYLAND  FULL NAME OF HOSPITAL OR INSTITUTION  South Baltimore General Hospital  4. USUAL RESIDENCE (Where deceosed lived. It institution: A. STATE B. COUNTY  Maryland  C. CITY OR TOWN (If outside city limits, write RURAL or Baltimore  D. STREET ADDRESS (If rurol, give locotion)  2019 Harman Avenue Balto. 3	-43
3. PLACE OF DEATH IN BALTIMORE, MARYLAND  FULL NAME OF HOSPITAL OR INSTITUTION  South Baltimore General Hospital  4. USUAL RESIDENCE (Where deceosed lived. It institution: A. STATE B. COUNTY  Maryland  C. CITY OR TOWN (If outside city limits, write RURAL or Baltimore  D. STREET ADDRESS (If rurol, give locotion)  2019 Harman Avenue Balto. 3	-43
FULL NAME OF HOSPITAL OR Oddress or locolion)  South Baltimore General Hospital  A. STATE B. COUNTY  Maryland  C. CITY OR TOWN (If outside city limits, write RURAL or Baltimore  D. STREET ADDRESS (If rurol, give locolion)  2019 Harman Avenue Balto. 3	-43
Baltimore  South Baltimore General Hospital  C. CITY OR TOWN (If outside city limits, write RURAL or Baltimore  D. STREET ADDRESS (If rurol, give locotion)  2019 Harman Avenue Balto.	nd give township)
Baltimore  South Baltimore General Hospital  C. CITY OR TOWN (If outside city limits, write RURAL or Baltimore  D. STREET ADDRESS (If rurol, give locotion)  2019 Harman Avenue Balto.	nd give township)
Baltimore  D. STREET ADDRESS (If rurol, give locotion)  South Baltimore General Hospital 2019 Harman Avenue Balto.	• • • • • • • • • • • • • • • • • • • •
South Baltimore General Hospital    D. STREET ADDRESS (If rorol, give locotion)     2019 Harman Avenue Balto. 3	
South Baltimore General Hospital 2019 Harman Avenue Balto. 3	
	30. Md.
WIDOWED DIVORCED (specify)   Illust highday)   Months	er TYr. If Under 24 Doys Hours Mi
	Doys Hours Mi
4/21//1	
	TIZEN OF
FALLON & HELLON MARYIAND	J.S.A.
_vertien	)*O *V*
13. FATHER'S NAME	
Henry Blum CATHERINE	
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give wor or doles of service)	CANITA
O MRS. ANNA A. BLUM, 2019 HARMAN	AVENUE 2123
18. CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
UNDERLYING CONDITION Iosi,	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	S CONSIDERED DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, gi home, form, foctory, street, office bldg., INJURY OCCUR?	ve exact location)
D 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
OF INJURY	
(APPROX.) While At Work At Work	
	10
	19
that (45 (we) lost sow the deceased alive on 1/6/66 19 and that In (more) (our) opinion dec	oth occurred on the
and have and from the causes stated above. (1) (We) (did) (did not) view the body after death.	
The state of the s	ATE SIGNED
D3A, SIGNATURE	
	1111
1/ DOD 4. ALD Allesting Mad - State -	5/66
V. Albertsen, M.D. Attending Med. Stoff Phys. X 1/0	6/66
V. Albertsen, M.D. Attending Med. Stoff Phys. X 1/0	6/66
V. Albertsen, M.D. Attending Med. Stoff Phys. 23C. PHYSICIAN'S NAME (Type)  23C. PHYSICIAN'S NAME (Type)  23D. ADDRESS	
V. Albertson, M.D. Attending Med. Stoff Phys. 1/0  23C. PHYSICIAN'S NAME (Type)  V. ALBERTSON, M.D. South Balto. Gen. Hosp 1213.1	
V. ALBERTSON, M.D.  ALBERTSON, M.D.  ALBERTSON, M.D.  ALBERTSON, M.D.  ALBERTSON, M.D.  South Balto. Gen. Hosp. – 1213 1  244. BURIAL CREMATION, REMOVAL (Specify)  ALBERTSON OF CREMATORY  ALBERTSON	
V. Albertsen, M.D. M.D. Attending Med. Director Med. Director Med. Med. Director Med. Med. Director Med. Med. Director Med. Director Med. Med. Director Med. Director Med. Director Med. Director Med. Med. Director Med. Med. Director Med.	Light St. or county) (Sto  IARYLAND  ADDRESS



7	-7	5]
IMPORTANT	proved by the chief medical examiner or his assistant if death occurred in a hospital and the hospital by a medical examiner. Also, if the direct or contributing cause of death or contributing cause of death or contributing (2) Rody hinner (3) A forceing of any bind. Hinderstanding of cause (5) Defended	attendance on the deceased prior to death. Such
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death the charment of the contribution of t	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such

66 003	BALTIMORE CIT	Y HEALTH DEPARTMENT	00 00010
BIRTH NO.	CERTIFICA	TE OF DEATH Registered No.	. 66 00310
M.E. CASE NO.		2. DATE AND HOUR OF DEAT	TH
Tuno or Print)	UENZING	1 0	, 30
PLACE OF DEATH IN BALTIMORE, MARYL		4. USUAL RESIDENCE (Where deceased lived, the	institution; residence before edmis
		A. STATE B. COUNTY	
FULL NAME OF (If not in hospital or i	nstitution, give street	md Salte	
HOSPITAL OR oddross or (ocotion)		C. CITY OR TOWN (If outside city limits, writ	te RURAL and give township)
		toset	33-00
Mercy		D. STREET ADDRESS (If rurol, give location)	~
		301 Marret	ave.
. SEX   6. RACE   7.	MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. GE (In years	(f Under 1 Yr., (f Under 24
M11 = 211:+	WIDOWED, DIVORCED (specify)	M 1-7 190 lost birthday	Months Doys Hours M
TALE Have	Married	11arch 21-1889 16	
OA, USUAL OCCUPATION (Give kind of work 101 one during most of working life, even if retired)	R. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
CO C	Ralta Pa	March	7/50
3. FATHER'S NAME	june Co,	14. MOTHER'S MAIDEN NAME	19,2,00
A -		11 18	
Jeorge Muens	ring	Hoffmersee	
5. Was Deceased Ever in U. S. Armed Forces	1 6. SOCIAL	17. INFORMANT	ADDRESS
res, no or unknown (If yes, give wor or dotes o		2/1	C 2
	177-07-3653	11 16	Jame
18.332 X I	CAUSE	OF DEATH	ONSET AND DEATH
DISEASE OR CONDITION DIREC	TLY	1	ONSET AND DEATH
LEADING TO DEATH	(A)	Anoria	15,mm
(This does not mean the mode of dy	ing, e.g., DUE TO /	h. //	0 x 4 8 4 8 9 0 0 4 4 9 0 0 0 4 4 0 0 0 0 0 0 0 0 0
heart failure, asthenia, etc. It means the injury or complication which caused de		and allthe	- 211
ANTECEDENT CAUSES	(B)	enter with menty	new 70 hrs
	DUE TO		
DISEASES OR CONDITIONS, if any		Hering Pores.	80,010
UNDERLYING CONDITION lost.	anng me (C)	Museum - cu	
			- /
OTHER SIGNIFICANT CONDITIONS CON	ITRIBILITING		
E TO THE DEATH BUT NOT RELATER			
DISEASE OR CONDITION CAUSING IT.	ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WEE	E EINDINGS CONSIDERED
198. CONDITUE			RE FINDINGS CONSIDERED CAUSES OF DEATH?
EN S		1/12	
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DID (If in Boltin office bldg., INJURY OCCUR?	nore City, give exect (ecotion)
DEATH (notify modical examinar)	etc.)		
	Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY	While At Not Wh		
(APPROX.)	Work At Work		/ /
22. I certify that (I) (this hospital) a	ttended the decéased from	1/9/66 19 10	1/8/66 19
that (1) (we) last saw the deceased of	1 / / /	1/ 1/	1-3/
	11		phinton death occurred on the
and haur and from the causes stated	above. (1) (We) (did) (did nat)	view the bady ofter death.	
23A. SIGNATURE	7		23B, DATE SIGNED
1111.80	M.D. At	tending Med. Stoff Phys.	1/9/6/
230 PHYSICIAN'S	eggn !"	23D. ADDRESS	1/1/06
NAME (Type)	1/2	11.25///	
WILLIAM L	M.D	MERCY HOSP	11AL
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CI	REMATORY 24D, LOCATION	(City, town, or county) (St
PREMOVAL (Specify)	B.00. 11.	en 1 D 11	1-1
Bureal 1/1/66	Del Un Me	m tardeno Balto	ma,
	B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
JAN 1.1 1966 (R. 4)	DE C. NOW WITH	a Com 2 sella F.H.	300 Moo
'S 150-REV. 1/1/65		A Land	4
		2//	

BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. M.F. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD 1-9-65 11:20 P. SAMUEL H. DEITZEL 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Maryland
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET FULL NAME OF HOSPITAL OR ADDRESS OR LOCATION Baltimore UNIVERSITY HOSPITAL - DOA D. STREET ADDRESS (If rural, give location) 1149 W. Hamberg Street 21230 9. AGE (In years lost birthday) 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min. WIDOWED, DIVORCED (specify) XX MARRIED 3/1/1903 62 Male. White 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY) 1. BIRTHPLACE (State or foreign country) 2. CITIZEN OF WHAT COUNTRY? U.S.A. during most of working life, even if retired) BETH, STEEL MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME FREDERICK DEITZEL MARY E. KRAMER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SO CIAL 7. INFORMANT ADDRESS (Yes, no or unknown), (If yes, give war or dates of service) SECURITY NO. None MRS. BESSIE M. DEITZEL, 1149W. HAMBURG ST. #30 NO INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteriosclerotic heart disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECENDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE CERTIFI DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 119R. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? Yes

21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID hame, form, factory, street, office bldg., INJURY OCCUR? Yes EDICAL 21 A. EXTERNAL CAUSE WAS (If in Baltimore City, give exact location) UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 21D TIME 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? (Month) (Doy) (Hourl OF INJURY m. WHILE AT NOT WHILE 22. Autopsy X I certify that I held on Inquiry Inspection ___ ond that on this bosis, death in my apinion resulted from: Natural couses X Suicide Accident Homicide Undetermined monner CHIEF MEDICAL EXAMINERAL DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER SIGNATURE EXAMINER'S ASSOCIATE MEDICAL EXAMINER 1 - 10 - 66NAME (Type) RUSSELL S. FISHER, M.D. 23A, BURIAL CREMATION. 23B. DATE 23C. NAME of CEMETERY OF CREMATORY 23 D. LOCATION (City, town, or county) (State)

VS 151-REV. 1/1/65

24A, DATE REC'D BY HEALTH DEPT.

/13/66

REMOVAL (Specify)

24C. FUNERAL DIRECTOR

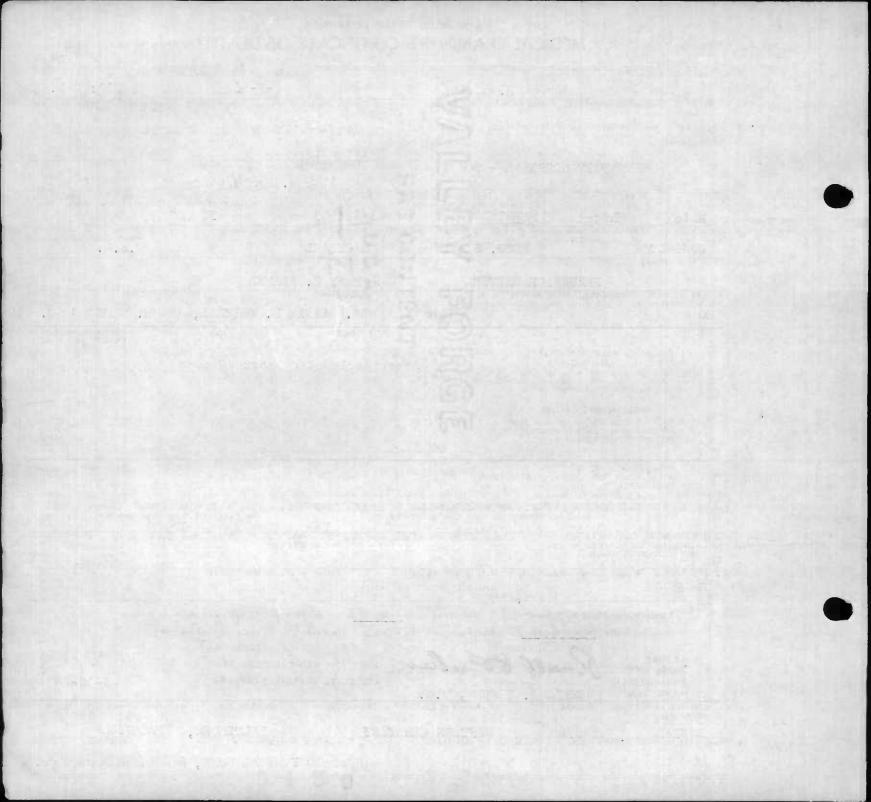
WESTERN CEMETERY

24B. NAME OF REGISTRAR

MARYLAND ADDRESS

BALTIMORE

HUBBARD FUNERAL HOME, 4 4107 Wilkens Ave. #



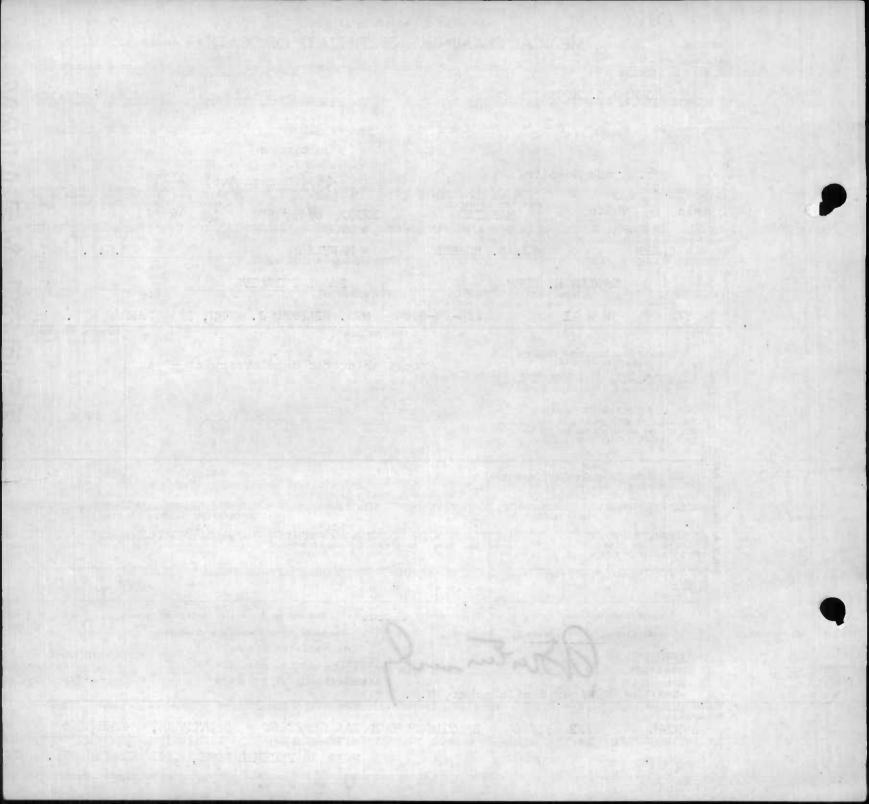
		FUNERAL DIRECTOR: IMPORTANT	L DIRE	CTOR:	IMPOR	TANT					-7	U
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	proved by t	he chief me	edical ex	aminer	or his ass	istant i	f death	occurre	d in a	hospita	and	
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	the hospita	I by a med	lical exc	aminer.	Also, if	the dire	ct or c	ontribut	ing cau	ise of	death	- /
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased (	ny nature;	(2) Body bu	irns; (3)	A fractur	e of any	kind; (4	·) Undet	ermined	canse;	(5) Dec	eased()	1
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	except whe	ore the phy	sician w	the pror	pesuno	death	was in	regular	attend	ance o	n the	
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	oN (9) pub	physician	was in	regular	attendan	ce on t	he dece	d pesse	rior to	death.	Such	1
written approval must be obtained before the remains are embalmed or final disposition is made.	obtained be	fore the re	mains ar	e embal	med or f	inal dis	position	is made	5			

00 00040		HEALTH DEPARTME	1	66 00512
BIRTH NO. 66 (10312)	CERTIFICA	TE OF DEA	TH Registered Na.	
1, NAME OF DECEASED			ATE AND HOUR OF DEATH	10.200
(Type or Print) WILLIAM HEA	URY KOELLN	EK J	ANUARY 8, 19	166   10:35 P M. stitution: rosidence before odmission)
PLACE OF DEATH IN BALTIMORE, MARYLAN	D	A. STATE B.	E (Where docoased lived, If in COUNTY	stitution: rosidence befare admission)
FULL NAME OF (If not in hospital or insti	tution, give street	MARYLA	IND: BALT	HAGE 94
HOSPITAL OR oddross or location) INSTITUTION		C. CITY OR TOWN	(If outside city limits, write I	
FRANKLIN SQUARE	HOSPITAL	LINTHIC		C 52-00
I HILL POLICE DISCULLE	t '	D. STREET ADDRESS	(If rurol, give location)	21090
. SEX   6. RACE   17. MA	ARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE III yeors	
	DOWED, DIVORCED (specify)	S. DATE OF BIRTH	lost birthdoy)	Months Doys Hours Min.
13 HELLAL OCCUPATION (Give hind of worth 108 K	MACKED	11 BIRTHPI ACE (State	99 XXXXX 66	12. CITIZEN OF
one during most of working life, even if retired)	ETIRED	111 07 11	1110	WHAT COUNTRY?
	LITRED	MARTI	AND	U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAID	EN NAME	
LOUIS KOELLNER		MARTHA	FRANK	
5. Was Deceased Evar in U. S. Armed Forces? es,no arunknown) (If yes, give war or dates of se	orvice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT FI	ORA M. KOELLNER	820 W. FAIRVIEW A
NO	212-12-1440	WIFE , FT	ORA MAY KOEL	WER Zunhusm, M
18.560.41	CAUSE O	F DEATH	17:14-04	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		Duranas	adam.	YAUT ONSEL AND DEATH
LEADING TO DEATH	(A)		1 Karan	vine 1/2 1/5
(This does not mean the mode of dying heart failure, asthenia, etc. It means the d		Sere	re	
injury or complication which coused death	.)	-		
ANTECEDENT CAUSES	DUE (O	. 1. 1	1 1	7
DISEASES OR CONDITIONS, if any,		Duthutis	puruleus,	Chilifeel
UNDERLYING CONDITION last.	g lhe (C)			20 days
11		· · · · · · · · · · · · · · · · · · ·		
Z CONTRACTOR CONTRACTOR CONTRACTOR	BUTING			
DISEASE OR CONDITION CAUSING IT.		130 A 130 B /V	N. V. 002 15 150	
WAS PERFORME		20A. AUTOPSY? (Te	or No. 208, IF YES, WERE IN CERTIFYING CA	USES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g.,		DID (If in Boltimore	e City, give exect location)
OR CONTRIBUTING CAUSE OF DEATH (notify modical examiner)	home, form, foctory, street, o	ffice bldg., INJURY OC	CUR?	e only, give oxoci locolioni
U				
21D. TIME (Month) (Doy) (Yoor) (Hou	While At Not Whi		DID INJURY OCCUR?	
(APPROX)	Work At Work			
22. I certify that (1) (this hospital) atte	nded the deceased fram	eccurer 1	6 1965 to fan	May 8 1966
that (1) (we) last saw the deceased aliv	re an fav. 8		and that in (my) (aur) api	nian death accurred an the da
and haur and from the causes stated ab	7/			
23A. SIGNATURE				23B, DATE SIGNED
Kanus	M.D. AH	ending Med.	Stoff Phys.	fan. 8, 1966
23 C. PHYSICIAN'S	1 ,	23D. ADDRESS	7 117 94 1122	1
NAME (TYPO) AMON SUL	IPFZ M.D.	Ferangeli	- Sauire A	assital
44. BURIAL CREMATION, 248. DATE	24C. NAME of CEMETERY OF CR	EMATORY	24D. LOCATION (C	ity, town, or county) (State)
REMOVAL (Specify)	LOUDON PARK CEMI		BALTIMORE,	MARYLAND
DOILD.				
25A, DATE REC'D BY HEALTH DEPT. 25B, N	IAME OF REGISTRAR	HIIBBARD F	UNERAL HOME 41	07 WILKENS AVE. #2
JAN II 19bb (16 Vac IT &	TO WELL THE	IIODDAIO I	TIME TOTAL TO	
VS 150-REV, 1/1/65	TO UU		3	

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BIRTH NO.	MED	ICAL EX	CAMINER'S CH	ERTIFI	CATE OF D	EATH	Register	ed No.	) T.O.	
M.E. CASE NO.	ACCE				10.000		10111100			
1. NAME OF DECE. (Type or Print)	ASED				2. DATE AND			DEAD	0 10	
	VARD M. KUHN	HERE PRONOL	INCED DEAD	M HISHAI	RESIDENCE (Where de	ry 8, 1		ution: socido	8:10	AM.
3. PLACE IN BALIN	MORE MARIEAND, W	TERE PROMOE	NCLU DIAD	A. STATE		cceosed live	B. COU	VTY	nce belote of	11111 \$ 310117
FULL NAME OF HOSPITAL OR	(IF NOT IN HOSPIT	AL OR INSTITU	TION, GIVE STREET	C. CITY C	Maryland R TOWN (If outside	corporate lim	its. write	RURAL and	give townshi	in)
INSTITUTION	ADDRESS OR LOCA	(IION)			Baltimore			7 1		3
10			10.75	D CTREET	ADDRESS (If turol, g	tua lanakan)		( )	61	1
St.	Agnes Hosp	ital		D. SIREEI	2134 Harman		212	30		
5. SEX   6.	. RACE	7 MARRIED	NEVER MARRIED	B. DATE O		9. AGE (I			Yr. If Under	24 Hrs
male	white	WIDO WED, I	DIVORCED (specify) RIED		8/13/1921	lost birthde	44		oys Hours	
	ATION (Give kind of worl	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHP	LACE (State or foreign	country)		12. CITIZEN	OF COUNTRY?	
CLERI		U. S.	RUBBER	MA	RYLAND				S.A.	
13. FATHER'S NAME				14. MOTH	R'S MAIDEN NAME		1010			
	CHARLES E.	KIIHN		P	EARL PHILLI	PS	-			
	EVER IN U.S. ARMED	FORCES?		17. INFORA			-	ADDRESS		
YES	f yes, give wor or dote WWII	s of service)	220-09-4364	MRS.	MILDRED J.	KUHN,	2134	HA RMA	N AVE.	2123
18. // 5	1.		CAUSE	OF DEAT	Н	100			NTERVAL BET	
(This does not heart failure, a injury or comp	OR CONDITION DI LEADING TO DEATH It meon the mode of sothenio, etc. It meons olicotion which coused	dying, e.g., the disease, death.)	(A) Arterio	oscler	otic cardio	vascula	ar di	sease	***************************************	************
DISEASES OF	R CONDITIONS, IF A ABOVE CAUSE (A) S' CONDITION LAST.	NY, GIVING	DUE TO							
	DONDINON EASI.		(C)							
2	II	177.00								
O THE D	FICANT CONDITIONS EATH BUT NOT RE CONDITION CAUSING	LATED TO T	NG HE			***************				
19A. DATE OF C	OPERATION 198, CON WAS PER		WHICH OPERATION		TOPSY? (Yes or No) 2	CERTIFYIN				
21 A. EXTERNAL UNDERLYING COUTING CAUSE	OR CONTRIB-	218. home etc.)	PLACE OF INJURY (e.g., i , form, foctory, street, o	n or obout	21C. WHERE DID (IF	in Boltimore		e exoct loc	otion)	
21D TIME ( OF INJURY (APPROX.)	(Month) (Doy) (Yeo	V	TE. INJURY OCCURRED  WHILE AT NOT NORK AT W	WHILE	21F, HOW DID INJUR	Y OCCUR?				
22.										
	fy that I held on I				ond that on this					
resulte	ed from: Noturo co	uses X A	ccident Sylcide	H	omicide Ur	determine	d monne	r		
ACTUAL SIGNATU	P. (1)	Merli	n my		EF MEDICAL EXA	-			DATE SIG	NED
EXAMINE		Breiten			TE MEDICAL EXA				1-8-66	
23A. BURIAL CREM			C. NAME of CEMETERY .	CREMATO	23D. LO	CATION	(City,	town, or co	unly) (S	Stote)
BURIAL		2/66	BALTIMORE NA	TIONAI	CEMETERY	BALT	IMORE	E, M	ARYLAND	
24A. DATE REC'D B	Y HEALTH DEPT.	24B, NAME	OF REGISTRAR	24C. I	UNERAL DIRECTOR	T 1103/7	1 / 1 /		DRESS	TF 41

HUBBARD FUNERAL HOME, 4107 WILKENS AVE. # 29



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was D.O.A.

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deceased

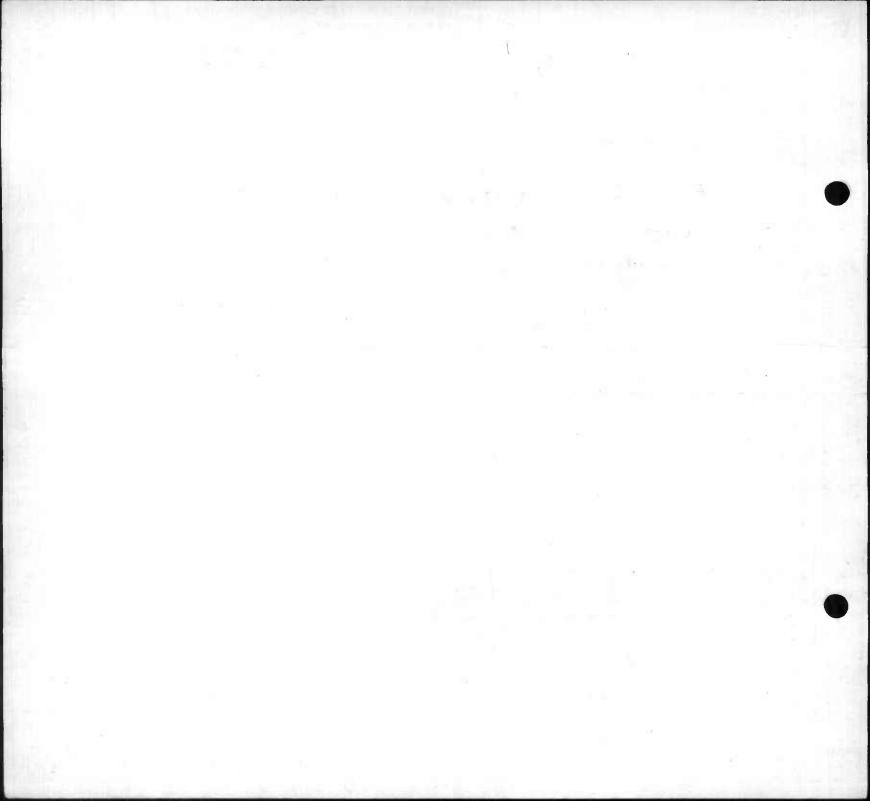
the

attendance

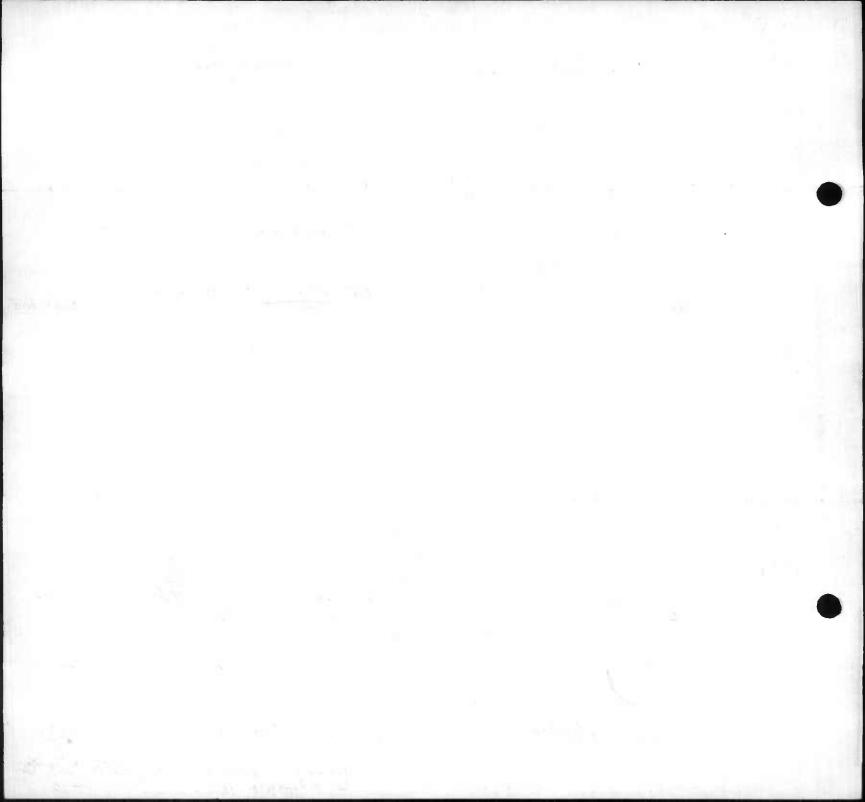
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. 66 003 CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission COUNTY Maryland FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street oddress or location) (If outside city )imits, write RURAL utheran Hay. of Balter D. STREET ADDRESS (If rurol, give location) Denison St. mad 5. SEX 7. MARRIED, NEVER MARRIED 9. AGE (In years 6. RACE If Under 1 Yi. If Under 24 Hrs. Houis WIDOWED, DIVORCED (specify) WIDOWED 10A, USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country 12. CITIZEN OF isposition WHAT COUNTRY? done during most of working life, even if retired) W.S.A. NONE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME UNKNOWN ADDRESS 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMANT final (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. PAUL A. BAYTOP 2527 DENISON ST. CAUSE OF DEATH INTERVAL BETWEEN 0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not meon the mode of dying, e.g., heart failure, asthenio, etc. It means the disease, injuly or camplication which coused death.) regul ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stoting the remains UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 1198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes ar No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF tNJURY (e.g., in at about 21 C. WHERE DID home, farm, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) MEDICAL DEATH (notify medical examiner) elc.) 21 D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY Not White While At I (APPROX.) 22. I certify that (1) (this hospital) attended the deceased from 1.70 Pm 1/6/ 1966 to 8.10 m 1/6/196 ond hour ond from the causes stated above. (1) (We) (did) (did not) view the body ofter death. must 23A, SIGNATURE 238. DATE SIGNED I. libboury Allending 1.6.66 M.D. Med. Phys. 23D. ADDRESS 23C. PHYSICIAN'S

approval NAME (Type) 1_ wherear 24A. BURIAL CREMATION, 24B. DATE (City, lown, or county) 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REMISTRAR JAN 12 1966 (R.C. D. E. C. D. REMOVAL (Specify) 25C. FUNERAL DIRECTOR HOLLAND FUNERAL HOME 1631 DRUID HILL AVE. VS 150-REV. 1/1/65



BIR	TH NO.	66 003		TE OF D		Registered N	40 <u>66</u>	00315	<u> </u>
1.1	E. CASE NO.	CEASED			2. DATE AND	HOUR OF DEA	ATH ,		
(Ту	pe or Print)	TAYlox Julius	Washington JR		9 JANU	HRY 1966	4:3	DAM	M.
3.	PLACE OF D	EATH IN BALTIMORE, MA		A. STATE	B. COUNT	deceased lived.	If instituti	on: residence b	efore admission)
	FULL NAME HOSPITAL OF INSTITUTION	oddress or location		C. CITY OR TO	WN (If outsi	de city limits, w	rite RURA	L ond give tow	nship)
8	/	USPHS HOSPITAL BALTIMORE, MA	eythod	D. STREET ADD	RESS (If ru	rol, give location	)		
		T			ANN'S ST				
5.	M	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIYORCED (specify) MARRIED	Apr 12	1891	AGE (In years st birthdoy)	Mo	onder I fr. 1	f Under 24 Hrs. ours Min.
		UPATION (Give kind of work I working life, even if retired)	10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE		country)	12.	CITIZEN OF WHAT COUN	TRY?
13.	Ships P	PSTER	Shipping	NaCAK	ROLINA			USA	
	1.1.	- 12 Taylor	. 50	Magu	Corkett				
		d Ever in U. S. Armed Form		17. INFORMANT		M.H. T.		ADDRESS	
	16	, give were or dete	218-14-1655	MK2	TROTTISE!	M.H. //	MYLOR	607 51	ANN'S AVE
	18. 52	7.11	CAUSE O	FDEATH					BETWEEN ND DEATH
	DISE	ASE OF CONDITION DIR LEADING TO DEATH	ECTLY (A) Pulsa	nonary En	shyrema			Years	
	heart failure	nat mean the made of , asthenia, etc. II means implication which caused	the disease,	1	1	00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0	1	
		ANTECEDENT CAUSES	(B) DUE TO						
	1	OR CONDITIONS, if he above cause (A)	any, giving						
		IG CONDITION last.	Johns (C)					••••••••••••••••••••••••••••••••	
ATION	TO THE	II  NIFICANT CONDITIONS C  DEATH BUT NOT RELA  R CONDITION CAUSING I	TED TO THE						
ERTIFIC	19A. DATE C	OF OPERATION 198. CON	DITION FOR WHICH OPERATION	20A. AUTOPS	Y? (Yes or No)	208. IF YES, WIN CERTIFYING	ERE FINDI CAUSES	NGS CONSIDE OF DEATH?	RED
U	OR CONTRI	ENT WAS UNDERLYING BUTING CAUSE OF	21B. PLACE OF INJURY (e.g., ir home, form, foctory, street, of	n or obout 21 C. W fice bldg., INJUR	HERE DID	(If in Bolt	imore City	, give exact lo	cotion)
ICAL	DEATH (noti	fy medical examiner)	o etc.)			_			
MEDI	OF INJURY	(Month) (Doy) (Yeor)	White At Not While		DENI DID WO	RY OCCUR?			
		shas A (ship harnisal	) attended the deceased fram. 5:	tu: 1666	10	tata	9 /4	,	1966
			d alive an 9 AN				opinian	death accurr	
			ed abave. (We) (did) (415) v						
	23A. SIGNAT	Valley ( Solo	M.D. Atte	ending A	Aed. S Director P	toff		DATE SIGNED	
	23C. PHYSIC NAME	ANS (Type) WALTER F		23D. ADDRESS		BALTO MS			
24	A. BURIAL CI		24C. NAME of CEMETERY OF CRE	MATORY	24D. LO	CATION		wn, or county)	(Stote)
25	BURII	7 L 1/12/6	6 MORELAND MI	EM. PAR	K BA	LTO. C	OUNT	- Y	MD.
1	JAN	12 1966 120	Fr & Faller MA			HEDEF	eLD	6500	YORK RD.
VS	150-REV. 1/1	100000	9 5 6 6	0 0	HOIVE	, INC.	/		#12



23A. SIGNATURE

23C. PHYSICIAN'S NAME (Type)

24A. BURIAL CREMATION, REMOVAL (Specify)

VS 150-REV. 1/1/65

DR.

Burial

25A, DATE REC'D BY HEALTH DEPT.

WALTER

Such

death.

prior

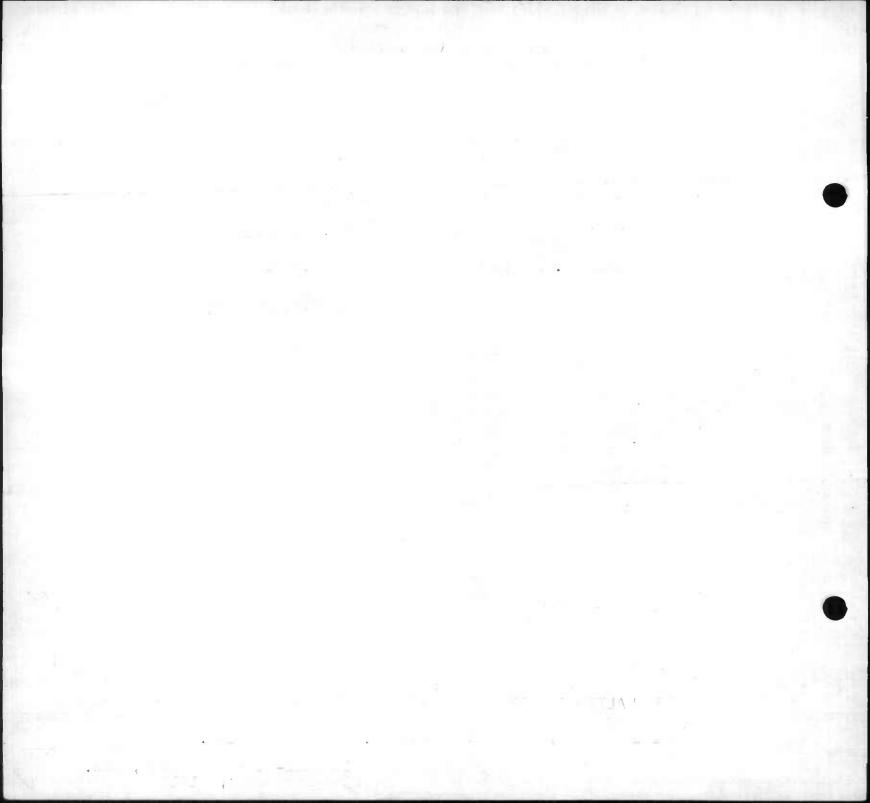
on the

attendance 0

a hospital

66 00316 BALTI	MORE CITY HEALTH DEPARTMENT
	TIFICATE OF DEATH  Registered No. 66 00316
M.E. CASE NO.  1. NAME OF DECEASED MARY MARGARET (1	MAY)MCKENNA [2, DATE AND HOUR OF DEATH
(Type of Print) WAE M. MCKENNA	1/6/06 6:25 P M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A, STATE B, COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street oddress or location)  WHICH WENGLISC INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township)  BOLT WOLE  D. STREET ADDRESS (If rural, give location)
DOWN SOUR INSCRIPTION	1108 Filmou St.
5. SEX 6. RACE 7. MARRIED, NEVER MAR WIDOWED, DIVORCED SINGLE	RIED (specify)  B. DATE OF BIRTH  9. AGE (In yeors lost birthdoy)  1892  1892  If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.
IOA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS O done during most of working life, even if retired)	WHAT COUNTRY?
Pedicide	DALTIMORE, MO USD
13. FATHER'S NAME	14. MOTHERS MAIDEN NAME
John W. McKenna  15. Wos Deceased Ever in U. S. Armed Forces?  16. SOCIAL	Catherine Kern
15. Wos Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) (If yes, give wor or dates of service)  10. SOCIAL SECURIT	17. INFORMANT ADDRESS  ADDRESS  ADDRESS  ADDRESS
18. 4/24. /	CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	a) Mysepidial Infantion 12 hours
(This does not meon the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which caused death.)	DUE TO
ANTECEDENT CAUSES	B)
DISEASES OR CONDITIONS, il any, giving	C)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING ITS 1994. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION TO THE WAS PERFORMED	
19A-DATE OF OPERATION 198. CONDITION FOR WHICH OPER	ATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)  218. PLACE OF II home, form, foctor etc.)	NJURY (e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exact location) ry, street, office bldg., INJURY OCCUR?
21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OC	CURRED 21F. HOW DID INJURY OCCUR?
(APPROX.) While At Work	Not While At Work

116 22. I certify that (1) (this hospital) attended the deceased from 19 46 66 1/6/66 that (1) (we) lost saw the deceased alive an and that in (my) (our opinion death occurred on the date (did) ond hour and from the couses stated above. (1) (We) (did not) view the body ofter death. 238. DATE SIGNED 2 WERE M.D. Attending Phys. Med. Director 23D. ADDRESS BOONE M.D. of CREMATORY 24D. LOCATION (Stote) 10/66 Cathedral Cem. Balto. 25c. FUNERAL DIRECTOR
Mitchell-Wiedefeld Home,
6600 York Road, 21212 258. NAME OF REGISTRAR ADDRESS Inc.

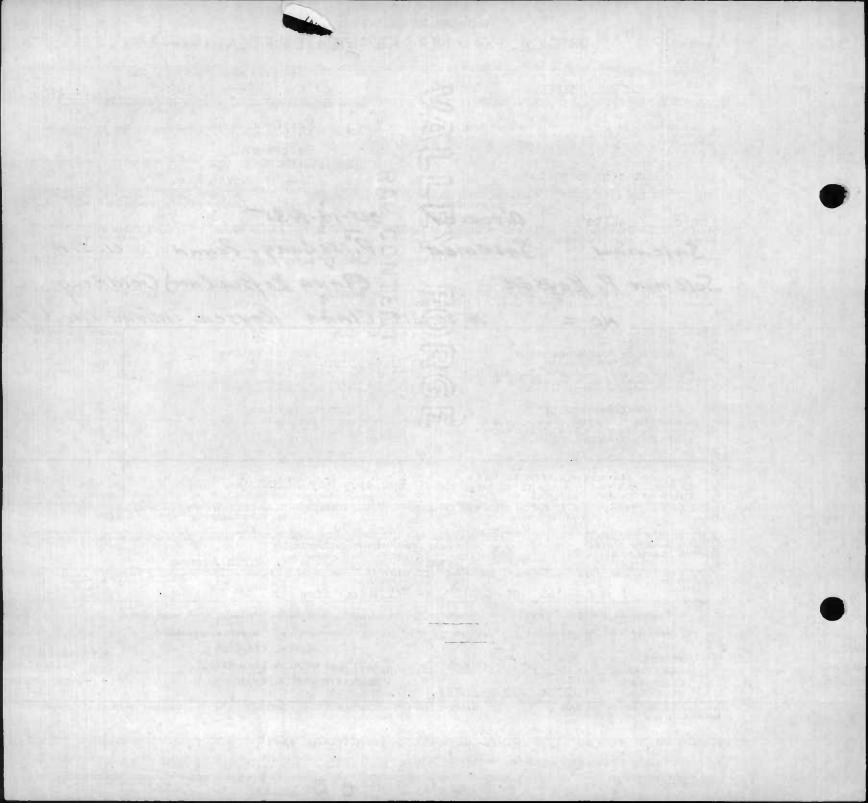


TACKLOWIS INC, 2100 Ecinw F.

760	BIRTH NO. 66 00317 MEDI M.E. CASE NO.	CAL	
	1. NAME OF DECEASED		

VS 151-REV. 1/1/65

BIR	гн но, 66 0	031 MED	ICAL EX	AMINER'S CI	ERTIFICATE O	OF DEATH Registe	red No. 00	317
-	E CASE NO.					KC	- 200	
1. (Ty	NAME OF DECEA!				2. DA	ATE AND HOUR PRONOUNC		
	BEF	RTRAM KEYSE				January 9, 196		6:25 A _M
3. F	LACE IN BALTIMO	RE, MARYLAND, W	HERE PRONOL	JNCED DEAD	A. STATE	(Where deceased lived, If ins. B. COL	YTNU	
	L NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	JTION, GIVE STREET	C. CITY OR TOWN	yland f autside corporate limits, write	RURAL and giv	a township)
INS	TITUTION				Balt	imore	15-	06
0	Luth	eran Hospi	t =1		D. STREET ADDRESS			
			tai		И	W. North Ave.		
5. \$		ACE	WIDOWED,	NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In yours lost birthday)		If Under 24 Hrs
	male	white		BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of		12. CITIZEN OF	-
		ng lifa, even if retired)			100		WHAT CO	UNTRY?
100	JAlem	AN	)Ah	EMAN	11/15/201	19- PENNA.	U.	5,14.
13.	FATHER'S NAME				14. MOTHER'S MAIDEN	MAME		
5	olo mon	P. 1604	SER		CIMMA	Keysen (Nee)	Goldi	Beny
15. (Ye:	WAS DECEASED E	VER IN U.S. AR/YEE yes, give wer or dote	FORCES?	16. SO CIAL SECURITY NO.	17. INFORMANT			/
		NO =		165-26-0319	CIARA	Keysen -1	MIAMI.	Beack
	1B. 5 91/	Oi		CAUSE	OF DEATH			RVAL BETWEEN ET AND DEATH
	DISEASE	OR CONDITION DI	RECTLY				Civis	LI AITO DEATH
	LE	ADING TO DEATH		(A)Cor	flagration			
	haart failure, ost	mean the mada of hania, etc. It means totion which coused	the disease,	DUE TO	o o		-324	
	injury or compile	conon which coused	deom./				6 11	
	ANTI	ECENDENT CAUS	S	(R)				
		CONDITIONS, IF A		DUE TO			***************************************	**************************************
	UNDERLYING	CONDITION LAST.		101			1 3 3 5 5 5	
Z				(C),				# 0000 %0 80 80 80 WO W 80 00 C C C C C C C C C C C C C C C C C
F	OTHER SIGNIE	II CANT CONDITIONS	CONTRIBUTU	NG				
CERTIFICATION	TO THE DEA	ATH BUT NOT RE	LATED TO T		lepsy (by hi	story)		000 00 00 00 00 00 00 00 00 00 00 00 00
ERT		ERATION 198. CON	IDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes	or No. 208. IF YES, WERE FI		
0	0	WAS PER	FORMED		No	IN CERTIFYING CAU	SES OF DEATH?	
II ₹	21 A. EXTERNAL CUNDERLYING OR	AUSE WAS	21 B.	PLACE OF INJURY (a.g.,	in or about 21C. WHERE	DID (If in Baltimare City, g	iva exact lacation	1)
	UTING CAUSE		etc.)	, farm, foctory, street, o			12	16
Σ	21 D TIME (M	ionth) (Day) (Yea	r) (Hour) 2	Home	21F. HOW D	V. North Avenue	1	y 0
	OF INJURY (APPROX.)	1 9 '6			WHILE X fire	Bu	rned in a	partment
	22.							
				Inspection X Aut		t on this basis, death in i		
	resulted	fram: Natural ca	uses A	Accident XX Suicid		Undetermined mann	er	
	ACTUAL	MA	D. J.			AL EXAMINER	DA	TE SIGNED
	SIGNATUR	E / / / / C	mu	wend M.D.	ASSISTANT MEDIC	AL EXAMINERXX		
	EXAMINER	. DIDTOR	ייידים ממ	A MECKED W	ASSOCIATE MEDIC	AL EXAMINER	1-	9-66
22.6	NAME (Typ			ENECKER, M.D.	CREALATORY	23D. LOCATION (City	, town, at county)	) (Stote)
	MOVAL (Spacity)	1014,1 230. DATE	23	A A A	CKEMATORT	235. LOCATION (City	, lown, or county)	(3101e)
1/	BURIAL	1/11/6	6 /	Anhington (	emetery	Rogen Ave.	B14170.	md
24/	A. DATE REC'D BY	HEALTH DEPT.		OF REGISTRAR	24C. FUNERAL DI		ADDRE	ESS
	JAN 12	1966 Ololo	12.7	Carley AM	JACK.	Lewis INC.	2100 E	TIAW F



House wife

Peacl A. Safveed

Lidyia Jones

No.

BIRTH NO.

M.E. CASE NO. I. NAME OF DECEASED

VS 150-REV. 1/1/65

(Type or Print)

BALTIMORE CITY HEALTH DEPARTMENT

RTIFICATE OF DEATH

Registered No. 2. DATE AND HOUR OF DEATH (If outside city limits, write RURAL and give township) If Under 1 Yr. If Under 24 Hrs. Hours Months: Days 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exact location) ...and that in (my) ( opinion death accurred on the date 23 B. DATE SIGNED

1. 1881 11.5 thought and Polising litting land of grand Tourse

Registered No. 2. DATE AND HOUR OF DEATH 4. USUAL RESIDENCE (Where deceased lived, It institution; residence before admission) Baltimore (If outside city limits, write RURAL and give township) 21220 If Under 1 Yr. Months: Ooys If Under 24 Hrs. Hours Min. Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. Elizabeth ADDRESS Records: BCH: 4940 Eastern Avenue INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) ond that in (my) (our) opinion death occurred on the date hospital the body was released must accident 23B. DATE SIGNED Ō Attending Phys. Stoff Phys. M.D. Med. 2 Director ___ approval 8 23C. PHYSICIAN'S 230. ADDRESS prior at NAME (Type) M.D. 4940 East An Avenue, Baltimore, Maryland d shows: (1) 24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREMATORY 240, LOCATION eceased (Stote) o REMOVAL (Specify) Ö Was 258. NAME OF DEPT. AODRESS FUNERAL DIRECTOR VS 150-REV. 1/1/65

In with

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Busin B Boston Brt.

	AME OF DECE e or Print)		N, MICH	HAEL JOSE	PH		8-66	тн	6:45A
	ULL NAME OF	(If not in hospital	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission A. STATE B. COUNTY MARYLAND						
H	OSPITAL OR	R address or location)			C. CITY OR TOWN (If autside city limits, write RURAL and give township)  BALTIMORE ZONE 25				
10	ST. AGNES HOSPITAL				D. STREET ADDRESS (If rurol, give location) 408 RUGBY ROAD				
	IALE	WHITE	WIDOWED	NEVER MARRIED DOWED (specify)	6-17-8	33	9. AGE (In years last birthday)	If Under Manths [	1 Yr. If Under 24 Hr Doys Hours Min.
dane	done during most of working life, even if retired)  Machinist  Railroad				PENNSYLVANIA				EN OF T COUNTRY? U.S.
13. F	TATHERS NAM	HOMAS CASH	EN		14. MOTHERS A		WE WE	McDermot	t
15. V (Yes,	15. Was Deceased Ever in U. S. Armed Farces? (Yes, no ar unknown) (If yes, give war ar dates of service)  NO				ST. AGNES RECORDS -CATON & WILKENS A				
		OR CONDITION DIR EADING TO DEATH	nal and Hepatic failure 72 hrs.  ongestive Heart failure 3 wks.  eriosclerotic Lardio-Vasc Disease Years						
	heorf failure, cinjury or camp  A  DISEASES Orise la the	Il mean the mode of sthenio, etc. Il meons dicotion which caused NTECEDENT CAUSES CONDITIONS, if above couse (A) CONDITION lost.	the disease, death.)	(B) Co DUE TO	ingestive	Hearic Lam	rt failure Lio-Vasc Di	e (	Years
ATION	heorf failure, of injury of camp  A  DISEASES Of ise to the UNDERLYING  OTHER SIGNIFT TO THE DE	isthenio, elc. Il meons slicotion which caused NTECEDENT CAUSES CONDITIONS, if above couse (A) CONDITION lost.  Il CANT CONDITIONS CATH BUT NOT RELATION CAUSING I	the discose, death.)  ony, giving stating the ONTRIBUTING TED TO THIS.		pneumon	ua.	rt Pailure	RE FINDINGS	CONSIDERED
AL CERTIFICATION	DISEASES OF THE SIGNIFT TO THE DISEASE OF CONTRIBUTION OF CONT	Interpretation of the state of	the discose, death.)  ony, giving stating the ONTRIBUTING TED TO THIT.  DITION FOR VORMED	Broncho VHICH OPERATION  PLACE OF INJURY (e.g., farm, foctory, street,	PNECL MON	Y? (Yes or No	D 20B. IF YES, WEI	RE FINDINGS CAUSES OF D	CONSIDERED
MEDICAL CERTIFICATION	DISEASES OF TO THE DESCRIPTION OF CONTRIBUTED TO THE DESCRIPTION OF CONTRI	Interpretation of the property	the discose, death.)  ony, giving stating the ONTRIBUTING TO THI I.  DITION FOR VORMED  (Haut) 21E.	PLACE OF INJURY (e.g., form, factory, street,	20A. AUTOPS in ar about 21 C. W affice bldg., INJURY	Y? (Yes or No	D 20B. IF YES, WEI	RE FINDINGS CAUSES OF D	CONSIDERED EATH?
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MEDICAL CERTIFICATION	DISEASES OF THE PROPERTY OF CONTRIBUTION OF CONTRIBUTION OF INJURY (APPROX.)	In the interest of the interes	the discose, death.)  ony, giving stafing the CONTRIBUTING TED TO THIS.  CONTRIBUTION FOR VORMED  218. ham. etc.,)  (Haur) 218. Whii War  ) ottended the dalive an ed obave. (No. 1)	PLACE OF INJURY (e.g., form, foctory, street, INJURY OCCURRED Le At Work At Wo	in ar about 21 C. Waffice bldg., INJURY  21 F. Ho  ile  19 66  view the bady o	HERE DID OCCUR?  OW DID INJ  1.7  ond the fter death.	OF Staff Phys.   20B. IF YES, WEI IN CERTIFYING (  (If in Baltin  URY OCCUR?  19 65 to 10  Staff Phys.   BAL	RE FINDINGS CAUSES OF DOMORE City, give	exact lacation)  8

V_E t 2.500 il. il. il. il. il. STATE OF THE PROPERTY OF THE STATE OF THE ST

BIRTH NO.	MED	ICAL EX	AMINER'S C	ERTIFICATE OF	DEATH Registe	ered No.			
M.E. CASE NO.			EDITATION OF THE STATE OF THE S						
1. NAME OF DE	CEASED			2. DATE AND HOUR PRONOUNCED DEAD					
	GERTRUDE E				anuary 8, 19				
	TIMORE, MARYLAND, W	HERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission) A. STATE B. COUNTY					
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  NSTITUTION				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)					
0-	3604 Clippe	r Mill F	Rd.	Baltimore  D. STREET ADDRESS (If rurol, give locoson)					
				Ш	ipper Mill Ro				
female	6. RACE white	WIDO WED,	NEVER MARRIED DIVORCED (specify)  RECO	11/11/90	9. AGE (In years lost birthday) 75	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.			
done during most of	CUPATION (Give kind of working life, even if retired)  SEWIFE			Y 11. BIRTHPLACE (Stote or for	eign country)	12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NA				14. MOTHER'S MAIDEN NA					
	7								
	ED EVER IN U.S. ARMEI		16. SO CIAL SECURITY NO.	17. INFORMANT	,	ADDRESS			
NO	17,01 yes, give werer or deli		220-12-997	4 DONALD BOW.	EN 36046	LIPPEN RD.			
18.	231			E OF DEATH	,,,,,,,	INTERVAL BETWEEN			
DISE	ASE OR CONDITION D	IDECTI V				ONSET AND DEATH			
1 . 1000	LEADING TO DEATH	1	Arteri	osclerotic card	iovascular di	isease			
(This does	not mean the made of	dying, e.g.,	DUE TO	***************************************					
injury or co	omplication which caused	deoth.)							
	ANTECENDENT CAUS	ES							
	OR CONDITIONS, IF		DUE TO						
UNDERLY	ING CONDITION LAST.								
No			(C)						
O THE	II  SNIFICANT CONDITIONS  DEATH BUT NOT RE	LATED TO T							
19A. DATE O	F OPERATION 198, CON		VHICH OPERATION	20A. AUTOPSY? (Yes or N	o) 208, IF YES, WERE FI				
				no					
UNDERLYING	AL CAUSE WAS OR CONTRIB- USE OF DEATH.	21 B. home, etc.)	PLACE OF INJURY (e.g., form, foctory, street,	office bldg., INJURY OCCUR?	(If in Boltimore City, g	ive exact location)			
E 21 D TIME	(Month) (Doy) (Yea	n) (Houi) 2	E. INJURY OCCURRED	21F, HOW DID IN	JURY OCCUR?				
OF INJURY (APPROX.)	(100)	V	HILE AT NOT	WHILE VORK					
22. I ce	rtify that I held on	Inquiry 🗌	Inspection X Au	otopsy and that on	this basis, death in 1	my opinion			
resu	Ited from: Natural co	uses X A	ccident Suicio	de Homicide	Undetermined monn	er			
	17) 1		_ ()	CHIEF MEDICAL					
ACTUA		note	why to	ASSISTANT MEDICAL		DATE SIGNED			
SIGNA" EXAMI	NEDIC	141-		ASSOCIATE MEDICAL		1-9-66			
NAME		Breiten	ecker, M.D.	ASSOCIATE MEDICAL					
23A. BURIAL CR REMOVAL (Speci		230	. NAME of CEMETERY	or CREMATORY 23D	LOCATION (City	, town, or county) (Stote)			
BULA 11	1 1/10	166	CORRAINE	PANK	DALTOI M	2-			
1,00	D BY HEALTH DEPT.	248. NAME	OF REGISTRAR	24C. FUNERAL DIRECT	OR	ADDRESS			
JAN	12 1966 R	2,52.	FarlowMA	Paul E.C	heroneto 2	12 chesturo 1			
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BIRTH NO.	MED	CAL EX	(AMINER'S C	ERTIFICAT	E OF D	EATH Registe	red Na			
M.E. CASE NO.										
1. NAME OF DECEASED					2. DATE AND	HOUR PRONOUNCE	ED DEAD			
	ELMER TYSON					January 8, 1966   1:55 A				
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD				4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission A. STATE  B. COUNTY						
ILL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET				Maryland						
HOSPITAL OR AE	DRESS OR LOCA		C. CITY OR TOWN (If autside carparate limits, write RURAL and give tawnship)							
			Baltimore 3-76							
9	Union Memorial Hospital				D. STREET ADDRESS (If rural, give lacation)  808 W. 33rd St.					
5. SEX 6. RAC	E		NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRTH	,	9. AGE (In years lost birthday)		If Under 24 Hrs		
white mal	.e	1419	RRIED	12/6/	93	74				
toA. USUAL OCCUPATIO dane during most of working	life, even if retired)	108. KIND OF	BUSINESS OR INDUSTR	YII. BIRTHPLACE (S	tate or foreign	cauntry)	12. CITIZEN OF	UNTRY?		
13. FATHER'S NAME				14. MOTHER'S MA	IDEN NAME					
	7					/				
5. WAS DECEASED EVE			16. SOCIAL	17. INFORMANT			ADDRESS			
(Yes, na ar unknawn) (If yes,	give war or date	s of service)	SECURITY NO.	MARY	51000	BACTILLA		7		
118.			1	OF DEATH	75010	808W3		RVAL BETWEEN		
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DISEASE OR CON			WHICH OPERATION	20A. AUTOPSY?	(Yes or No)  2	OB. IF YES, WERE FIN	NDINGS CONSID	DERED		
0	WAS PER	FORMED				N CERTIFYING CAUS				
21A, EXTERNAL CAU UNDERLYING OR CO	ONTRIB-	21 B. hame etc.)	PLACE OF INJURY (e.g., , farm, foctary, street,	in or about 21C. Wooffice bldg., INJURY	HERE DID (IF	in Baltimare City, giv	ve exact lacation	)		
21D TIME (Mont OF INJURY (APPROX.)	h) (Day) (Yeor	V	WHILE AT NOT AT W	WHILE	IULNI DID W	Y OCCUR?				
22. I certify the resulted from ACTUAL SIGNATURE EXAMINER'S NAME (Type)  23A. BURIAL CREMATION REMOVAL (Specify)	Rudiger	uses XX A	Inspection A Au Accident Suigra  Accident M.D.  Accident M.D.  C. NAME of CEMETERY	ASSOCIATE ME	DICAL EXA DICAL EXA EDICAL EXA  23D. LO	AMINER CATION (City,	DA 1-8	TE SIGNED 3-66 (Stote)		
CREMATION	1/11	166	LOUDON P.	ARIK	B	ALTO, M.	0,			
24A. DATE REC'D BY HE	ALTH DEPT.	24B, NAME	OF REGISTRAR	24C. FUNERA	L DIRECTOR		ADDRE	SS		
IAN TO THE				Ra.1.8	Chang	me 0 3 3 2 6 1	17	10.		
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BALTIMORE CITY HEALTH DEPARTMENT Registered Na. CERTIFICATE OF DEATH 66 00326 BIRTH NO. ing cause of death cause; (5) Deceased M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 0 ALICE FISCHER 1966 10:50Pm. 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission)
A. STATE
B. COUNTY death. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND ance (If not in hospital or institution, give street FULL NAME DE HOSPITAL DR address or lacation) (If outside city limits, write RURAL ond give township) attend INSTITUTION 0 AGNES HOSPITAL prior contributing CATON & WILKENS AVENUE (If rurol, give location) SECOND AVENUE Undetermined regular disposition is mad 5. SEX MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Hours deceased lost birthdoy) Months: Doys WIDOWED, DIVORCED (specify) FEMALE 8-4-92 WHITE 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 1), BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? __ done during most of working life, even if retired) usa NONE GERMANY Was the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ADOLF AMELIA RETZ 0 death 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) ADDRESS 17. INFORMANT 16. SOCIAL or final SECURITY NO. attendance NO AGNES HOSPITAL RECORDS any pronounced 18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH Intraabdominal Malignancy (This does not mean the mode of dying, e.g., hearl failure, asthenia, etc. It means the disease, regular injury or complication which caused death.) who ANTECEDENT CAUSES DUE TO are DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stoting the physician UNDERLYING CONDITION last. the remains Was burns; DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE No physician DISEASE DR CONDITION CAUSING IT. (2) Body CERTIFIC 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION the 0 WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, lorm, foctory, street, office bldg., INJURY OCCUR? where (II in Boltimore City, give exact location) to the hospital DEATH (notily medical examiner) any nature; MEDIC/ (except w obtained (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPRDX.) and Work At Work 22. I certify that (NX(this haspital) attended the deceased fram 66 and that in (har) (aur) apinian death accurred an the date death); that XIX(we) last saw the deceased alive an pe accident of hospital and hour and from the causes stated above. (We) (did) (KKKK) view the bady after death. the body was released shows: (1) An accident must 23A. SIGNATURE 23 B. DATE SIGNED Attending Phys. Med. Stoff 0 ·eles Phys. Director L approval 0 23C. PHYSICIAN'S 23D. ADDRESS prior at NAME (Type) AGNES HOSPITAL STASIOWSKI ST. M.D. PETER M. was D.O.A. deceased paritten ap 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS VS 150-REV. 1/1/65

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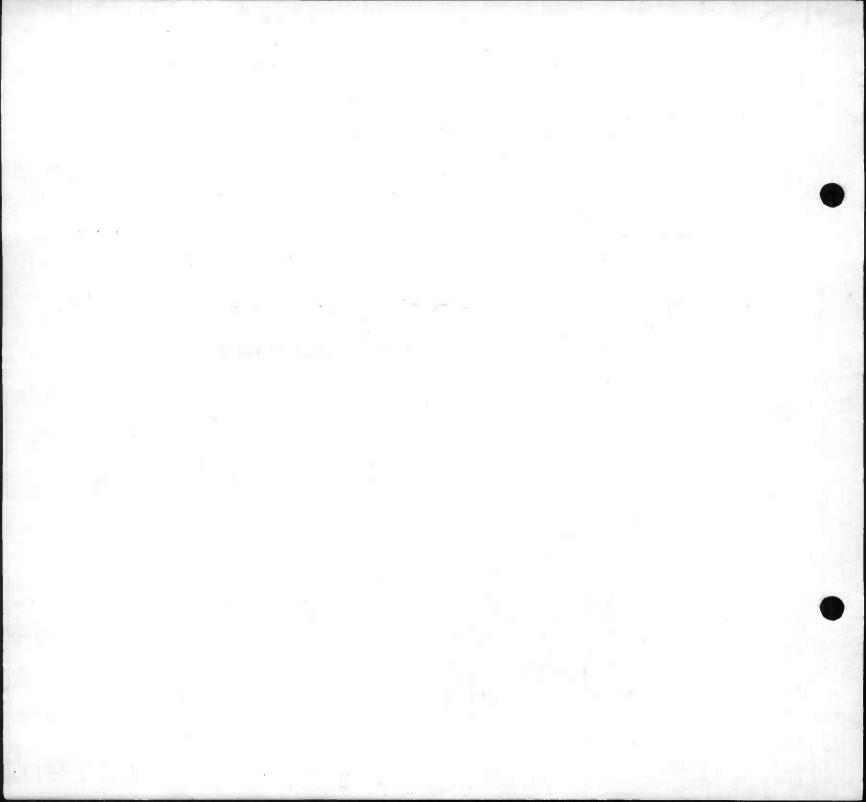
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he body was released

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BALTIMORE CITY HEALTH DEPARTMENT 66 00327 Registered Na. CERTIFICATE OF DEATH RIPTH NO M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) FINE HARRY 3. PLACE OF DEATH IN BALTIMORE MARYLAND RESIDENCE (Where deceased lived, II institution; tosidence before admission) B. COUNTY BALTIMORE FULL NAME OF (If not in haspital or institution, give street addless of location C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION JOMNS HOPKINS HOSPITAL MARYLAND D. STREET ADDRESS ()f rural, give location) 21205 BROADWAY 601 4100 GRANITE made. If Undoi 1 Yis If Und 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yeors If Under 24 Hrs. 5. SEX lost birthous WIDOWED DIVERCED (specify) Months Days WHITE MALE 10A USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) U.S.A. alesman 13. FATHER'S NAME 14. MOTHERS MAIDEN NAME FINE JACOB Rosevnik 17. INFORMANT 15. Was Deceased Ever in U. S. Armod Forcas' ADDRESS 16. SOCIAL or final (Yes, no at unknown)(I)f yes, give war at dates of service) SECURITY NO Mrs. Murtle tine 212-10-87 same CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ASCUD ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if ony, giving to the above cause (A) slating the before the remains UNDERLYING CONDITION lost 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 19 A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) DEATH (notify modical examiner) otc 1 MEDIC obtained 21 D. TIME (Manth) (Dov) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) At Work Work 22. I certify that (1)(this hospital) attended the deceased fram 66 pe 19 that (I) (we) last saw the deceased alive an and that in (my) (our) apinian death accurred an the date and hour and fram the causes stated above. (1) (We) (did) (did nat) view the bady ofter death. must 23A. SIGNATURE 23 B. DATE SIGNED Stoff Attending Phys. M.D. Mod. Director approval 23C. PHYSICIAN'S 23D. ADDRESS. HOPKINS JOHNS NAMELIER JOHNSON 2405 BROADWAY 21205 N 24A. BURIAL CREMATION, 248, DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION REMOVAL (Specify) written Baltimore, 66 emter arkwood 25C. FUNERAL DIRECTOR 258. NAME OF REGISTRAR ADDRESS 25A. DATE REC'D BY HEALTH DEPT.



FUNERAL DIRECTOR: IMPORTANT

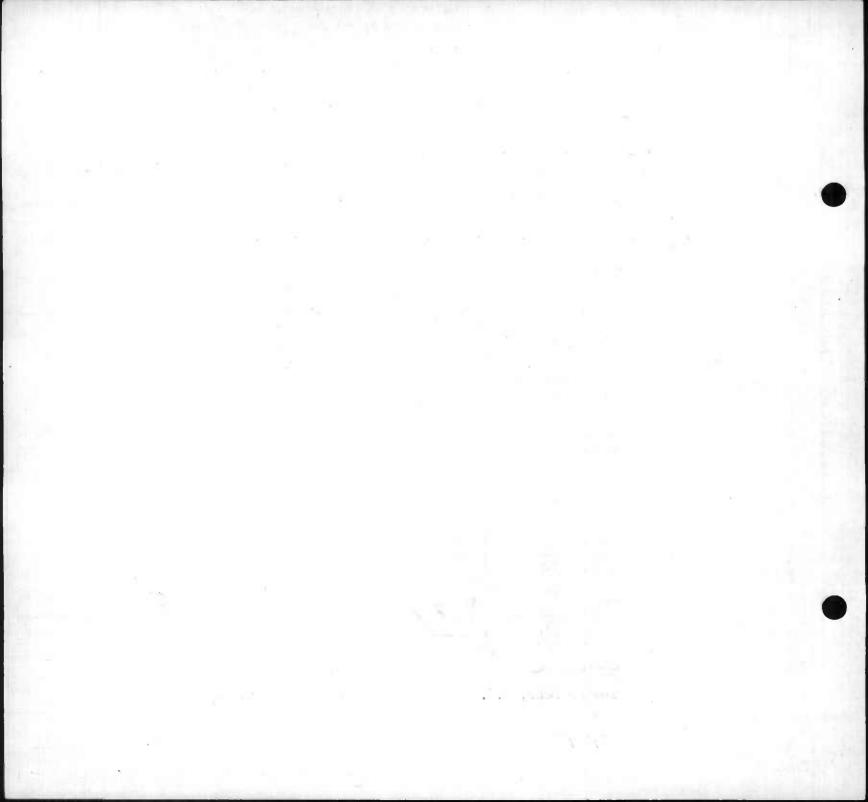
BALTIMORE CITY HEALTH DEPARTMENT RTIFICATE OF DEATH Registered Na. BIRTH NO. Such M.E. CASE NO. 1, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 60 0 M. death. 3. PLACE OF DEATH IN BALTIMORE MARYLAND USUAL RESIDENCE (VI cosed lived. If institution; rosidence before admission) A. STATE (If not in hospital or institution, give street FULL NAME OF INSTITUTION BALTIMORE CITY HOSPITALS outside city limits, write RURAL and give township) 0 4940 EASTERN AVENUE prior STREET ADDRESS rural, givo location BALTIMORE, MARYLAND on the deceased pr disposition is made. 9. AGE time lost birthdoy 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 24 Hrs. Hours Min. If Under 1 Yr. Months: Doys B. DATE OF BIRTH WIDOWED, DIVORCED (specify) Hours MARRIEDIY 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housewife Own Home . MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 10710 no 15. Was Deceased Ever in U. S. Armed Faces? (Yes, no or unknown) (If yes, give war or dates of service) 17. INFORMAN ADDRESS 6. SOCIAL eath); and (6) No physician was in regular attendance o ust be obtained before the remains are embalmed or final SECURITY NO. 500 CAUSE, OF DEAT INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION Yes or Nol 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 20 A. AUTOPSY? WAS PERFORMED 1100 CER 21A ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (o.g., in or obout 21 C. WHERE DID home, lorm, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) DEATH fnotily medical examined etc.) MEDI 9 (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) At Work Work 12m 19 66 22. I certify that (1) (this hospital) attended the deceased from (0) (0 that (1) (we) Tast saw the deceased alive on. and that in (my) (our) opinion death occurred on the date the body was released to shows: (1) An accident of hospital must and hour and from the causes stated obove. (!) ( (did) (did not) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED D Attending Phys. Med. Director Stoff M.D. 40 66 Phy s. written approval 0 23 C. PHYSICIAN'S 23D. ADDMISS prior at NAME (Type) M.D. was D.O.A. deceased 24A. BURIAL CREMATION. 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION Burial 1/14/66. Gardens of Faith Cemetery Baltimore Md. 25A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 2SC. FUNERAL DIRECTOR ADDRESS Ruck Inc. Balto. Md. 21214

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## BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO. 66 0033	CERTIFICA	TE OF DEATH	Registered Na	3 00330
M.E. CASE NO.  1. NAME OF DECEASED			OUR OF DEATH	
(Type or Print) Robert	p:n	1 0		5.15 P W
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	1216	4. USUAL RESIDENCE (Where de	sceosed fived. If inst	itution: residence before admission)
		A. STATE B. COUNTY	21-6	14
FULL NAME OF (If not in hospital or institu	tion, give streel	C. CITY OR TOWN (If outside	city limits, write RU	RAL and give township)
NSTITUTION		Baltimore		
3532 E. Fairmount Ave			, give location)	
5552 C. Jacomount Tive	•	3532 E. Fairn	nount Ave	
	RIED, NEVER MARRIED			If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
/ / /	owed, DIVORCED (specify)	Jan 6 1808 10st	68	Monins Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIN		11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF
done during most of working lite, even if retired)	At . 1 C	A4 1 1		WHAT COUNTRY?
Ket. Machinist Md.	Match (o.	Maryland	-	USA
0 1 0 1		14. MOTHER'S MAIDEN HAME		
Robert Pinder		Ada Vakley		
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown (If yes, give wor or dotes of ser	security NO.	17. INFORMANT		ADDRESS
No	212097828	Rose E. Pinder	2	same
18. / / 2 / 1	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY				
LEADING TO DEATH	(A) CCCPC	inoma of lung weetastasis	uth genera	lised 1 mose
(This does not mean the made of dying, heart failure, asthenia, etc. It means the dis	e.g., Det 10 M	etastasis o		
injury ar camplication which caused death.)	note	Mosclerotic heart	dispose	
ANTECEDENT CAUSES	DUE TO	10001EIGEIGEIG BEGGE	Or octoo.	
DISEASES OR CONDITIONS, if any,		r i		
rise to the above cause (A) stating UNDERLYING CONDITION last.	lhe (C)			
11				
OTHER SIGNIFICANT CONDITIONS CONTRIB				
DISEASE OR CONDITION CAUSING IT.	O THE			
OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  194. DATE OF OPERATION 198. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 2	OB. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
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OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o	ffice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
DEATH (notify medical examiner)	etc.)		13	
21D. TIME (Month) (Doy) (Year) (Hour)		21F. HOW DID INJURY	OCCUR?	
(APPROX)	While At Work Not Whi	le 🗌		
22. I certify that (I) (this haspital) atten	ded the deceased from	aucust 19	6/10 1/1	1966
that (I) (we) last saw the deceased alive		196 6 and that	in (my) (ambonin	lan death accurred an the date
	,		m (my) (odių opim	idii dediii decolled dii lile dal
and haur and fram the causes stated also	ve. (I) ( <del>Pe) (did)</del> (did nat)	view the bady after death.		23B, DATE SIGNED
23A. SIGNATURE	( M.D. AH	ending Med. Sto		1- (1) /
X 2 Le Vo	Phy	s. Director Phy		1-10-66
23C. PHYSICIAN'S NAME (Type) Lester Lebo,	M.D. M.D.	1801 Eutaw Place	21217	
	4C. NAME of CEMETERY of CR	EMATORY 24D. LOCA	ATION (City	, town, or county) (State)
burial 1/12/66	Oah 1 am (	tonu Ral.	timara M	d
25A, DATE REC'D BY HEALTH DEPT. 25B, N	Var Lawn (eme	tery Bal	timore, M	ADDRESS
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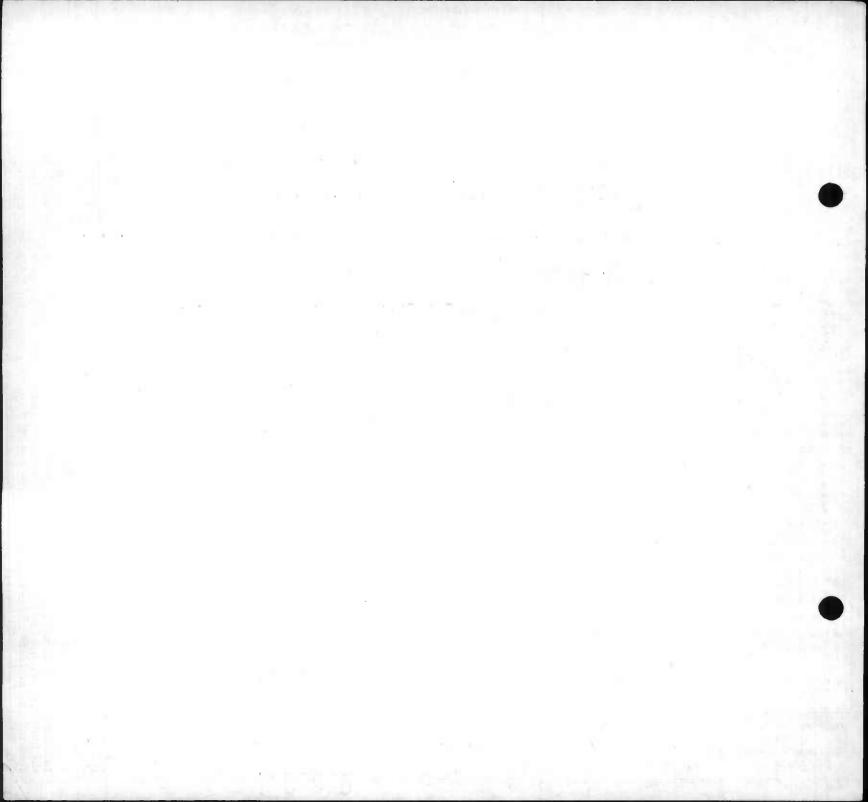
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BALTIMORE CITY HEALTH DEPARTMENT 66 00331 Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH 20 (Type or Print) GEISLER FRIEDRICH ) OSEF AN. 4 1966 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
A, STATE
B, COUNTY 3. PLACE OF DEATH IN BALTIMORE, MARYLAND MARYLAND IMORE FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR C. CITY OR TOWN oddress or location) (If outside city limits, write RURAL EVER GREEN AVE D. STREET ADDRESS EVERGREEN 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 24 Hrs. Hours : Min. If Under 1 Yr. Months Doya Hours WIDOWED, DIVORCED (specify) lost birthday) 2 MALE WHITE MARRIED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) BAKER HONOWITZ-GERMAN U.S. 4000 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME GEISLER SCHKE 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 17. INFORMANT ADDRESS 6. SOCIAL SECURITY NO. SAME AS ABOVE 218-28-0399 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY EMPHYSEMA LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injuly at camplication which caused death.) CAR DIO VASCULAR DISEASE ANTECEDENT CAUSES DISEASES OR CONDITIONS, il any, giving BRONCIFITIS la the abave cause (A) slating the UNDERLYING CONDITION last. 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 20 A. AUTOPSY? (Yes or No) WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, loctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examiner) etc.) 21D. TIME (Month) (Doy) (Year) (Hourl 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) At Work Work 22. I certify that (I) (this-hespitel) attended the deceased from AN 1966 that (I) (we) lost sow the deceased alive on. ond that in (my) (our) opinion death occurred on the date and hour and from the couses stated above. (1) (Wie) (did) (did not) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED Med. Attending Phys. Stoff M.D. Director Phys. 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type ), KOETI 5600 HAN'S M.D. 24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY OF CREMATORY REMOVAL (Specify written Moreladd Mem. 66 Park 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Hartord Rd. VS 150-REV. 1/1/65



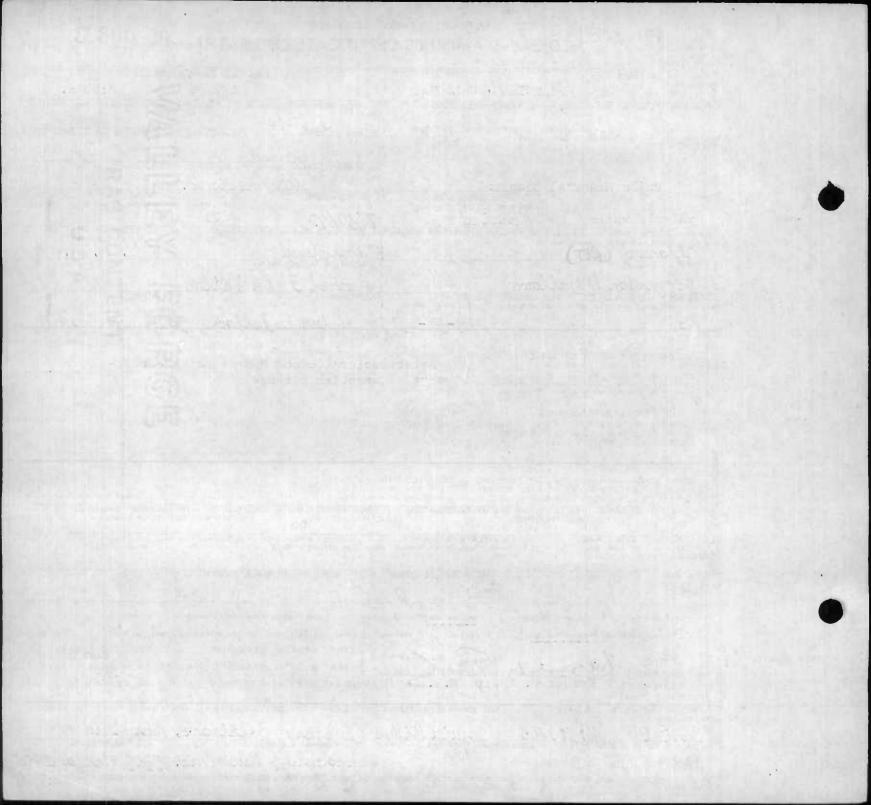
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A at a hospital (except where the physician who pronunced death was in regular attendance on the deceased prior to death. Such FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY HEALTH DEPARTMENT	222
BIRTH NO.  ME CASE NO.  GG 00332  CERTIFICATE OF DEATH  Registered No. GG 00	332
1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH	(AE)
(Type or PAIN) EL NATHAN A. FONLER 1-9-66	PM
3. PLACE OF DEATH IN BALTIMORE, MARYLAND  4. USUAL RESIDENCE (Where deceased lived, If institution: residence and the second second lived). If institution: residence and the second second lived in the second second second lived. If institution: residence and the second secon	ence before odmissi
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HOSPITAL OR oddress or locotion)	ve townshin)
Baltimore Baltimore	2-40
D. STREET ADDRESS (If rurol, give location)	
MERCY HOSPITAL DORESS (If rurol, give location) 1300 Dartmouth Avenue	
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 WIDOWED, DIVORCED (specify) Months; Do	Yr. If Under 24 I
male white WIDOWED, DIVORCED (specify) Aug. 1, 1886 of birthday) Months; Do	75 110015
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country)  12. CITIZEN WHAT	OF COUNTRY?
$\cdot$	A
naineer, Navel Ord. Retired Pennsylvania U.S.	
Reviewin K Faulan	
Benjamin K. Fowler Mary Kittinger  15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT AI	DDRESS
(Yes, no or unknown)(If yes, give wor or dotes of service) SECURITY NO.	
205- 76-1418 Mrs. Gertrude (. Fowler	san
ON	ERVAL BETWEEN SET AND DEATH
DISTAGE OF COMMISSION PROPERTY	T.
(This does not meon the mode of dying, e.g., heart failure, asthenio, etc. It means the disease.	ecen
injury or complication which caused death.)	
ANTECEDENT CAUSES  (B)  DUE TO	^
DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the (C) Oenerstyle antenselem C	Rien
UNDERLYING CONDITION loss.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
disease or condition causing it.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CO. IN CERTIFYING CAUSES OF DEA	ONSIDERED TH?
903	
OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?	xoct loconon)
OF INJURY	1.0
(APPROX.) Work At Work	/
22. I certify that (I) (this hospital) attended the despased from 1966 to 19	19 6
that (1) (we) lost saw the deceased alive an fac 9 1966 and that in (my) (abr) apinion death of	securred on the
and hour and fram the causes stated above. (1) (We) (did) (did nat) view the bady after death.	
23A. SIGNATURE	IGNED
M.D. Attending Med. Stoff S	-( (
23C. PHYSICIAN'S  23D. ADDRESS	66
NAME (Type)	
M.D.	
24A. BURIAL CREMATION, REMOVAL (Specily) 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or c	ounty) (Stote
Burial 1/12/66 Arlington Cemetery Drexel Hall, Pen	na.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C FLYNERAL DIRECTOR	ADDRESS
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
JAN 12 1966 R. O. S. S. Jan. Leonard J. Ruck Inc 5305	Hartord



BALTIMORE CITY HEALTH DEPARTMENT

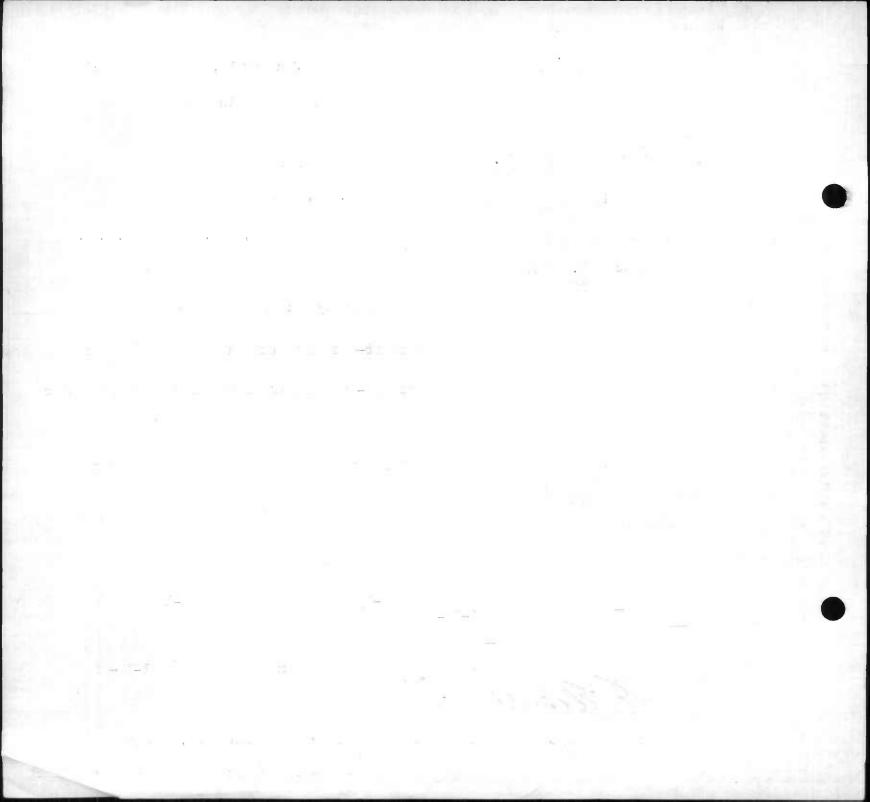
BIRTH NO.	6 00333 <b>MEDI</b>	CAL EXAMINER'S C		DEATH Register	GGN.00333
M.E. CASE NO.					
1. NAME OF DE		ANCIS H. GALLOWAY	2. DATE AN	1/7/66	8:50 a.
3. PLACE IN BALT		HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where	deceosed lived. If insti-	tution: residence before odmission)
			A. STATE Maryland	B. COU	NTY
HOSPITAL OR	ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET	C. CITY OR TOWN (If outside	e corporate limits, write	RURAL and give township)
NOTTUTION			Baltimo	ore d	1-03
4			D. STREET ADDRESS (If turol,	give location)	
	ion Memorial			orello Rd.	1 / / / / / / / / / / / / / / / / / / /
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys Hours Min.
male	white	Married TIOB. KIND OF BUSINESS OR INDUSTR	7/30/92	73	12. CITIZEN OF
done during most of	working life, even if retired)	NND OF BUSINESS OR INDUSTR	AA 1 1	gn coontry/	WHAT COUNTRY?
fittor			Maryland 14. MOTHER'S MAIDEN NAM	E	U. J. A.
Jatta	rson D Gal	lawau	Rochal 7 D	1/-1/	
15. WAS DECEASE	ED EVER IN U.S. ARMED		17. INFORMANT	vallee	ADDRESS
A /	(If yes, give wor or dote	s of service) SECURITY NO.	111111	11. 50	22 M. 11 01
/VO	/a V	2/9-32-/3/ CAUST	E OF DEATH	Lloway 500	INTERVAL BETWEEN
47	← 1		o, oran		ONSET AND DEATH
DISEA	SE OR CONDITION DI LEADING TO DEATH	Arteri	osclerotic and hy	pertensive	cardio-
heort foilure	not meon the mode of osthenio, etc. It meons	dying, e.g., DUE TO	vascular disease		
injury or co	mplication which coused	de oth.)			
	ANTECENDENT CAUSE	(B)			
RISE TO TH	OR CONDITIONS, IF A				
_	NG CONDITION LAST.	(C)	0 mm m m m m m 0 0 0 0 0 m 0 m 0 m 0 0 0 m m m 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		·····
2	1				
O TO THE	NIFICANT CONDITIONS				
E DISEASE O	R CONDITION CAUSING	Э 1Т.			
19A. DATE OF	F OPERATION 198, CON	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	IN CERTIFYING CAUS	
10	L CAUSE WAS	21R PLACE OF INITIBY (e.g.	in or obout 21C. WHERE DID	(If in Boltimore City, giv	ve exact location)
O UNDERLYING	OR CONTRIB-	home, form, foctory, street,	office bldg., INJURY OCCUR?	or in John Hore Only, give	TO EXOCITOCONOM
Z 21 D TIME		(Hour) 21E, INJURY OCCURRED	21F. HOW DID INJI	IBY OCCUP?	
OF INJURY	(Month) (Doy) (Yeor		WHILE TO	JRT OCCUR?	
22.		m. WORK AT V	VORK		
	tify that I held on I	nquiry nspection Au	topsy and that on th	is bosis, death in m	y opinion
resu	Ited from: Notural ca	uses Accident Suicid	de Homicide	Undetermined monne	or 🔲
	1.	0.1-	CHIEF MEDICAL EX	AMINER -	DATE SIGNED
SIGNAT		34-5~ ( M.C	ASSISTANT MEDICAL EX	CAMINER 🔀	DATE SIGNED
EXAMIN	NER'S Werner		ASSOCIATE MEDICAL E	Land	1/7/66
NAME (		OOC MALL I MELLPYPH	CREAL ATORY 1937	OCATION (C')	town, or county) (State)
REMOVAL (Specif		23C. NAME of CEMETERY		1	town, or county) (State)
Burias	1/10,	166 Druid Ridg		altimore, 1	Naryland
24A. DATE REC'D	BY HEALTH DEPT.	248 NAME OF REGISTRAR	24C. FUNERAL DIRECTOR	2	TOOT HILL (
JAN 12	1900 0000		Leonard y 1	vack ync.	5305 Harford R
VS 151-REV. 1/1/	/65	76600	0 0 3 3 2		



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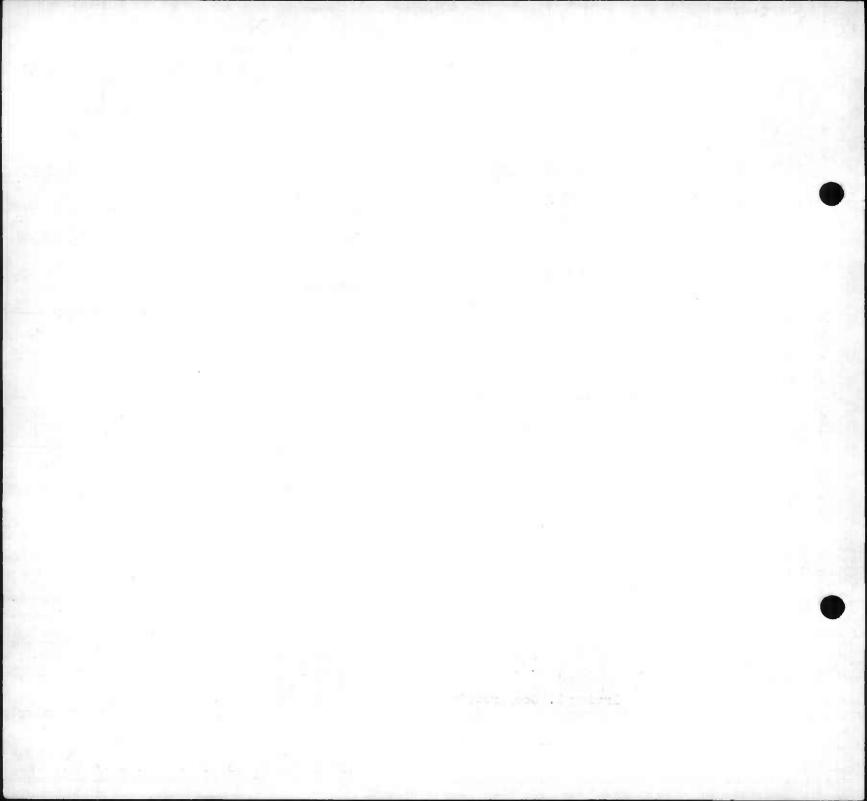
BIRT	гн но.	MED!	ICAL EXAMINER'S	CERTIFICA	TE OF DEATH Regist	ered No.
=	E CASE NO.					
1. I	Pe or Print)	CEASED			2. DATE AND HOUR PRONOUNCE	CED DEAD
2 6	N A CE IN BALT	MARIE	KEMMER	He men et senue	1-2-66	10:20 P.M.
FUI	LL NAME OF SPITAL OR TITUTION		AL OR INSTITUTION, GIVE STREET	Mary1a:	DENCE (Where deceased lived. If ins B. CO nd WN (If autside carporate fimils, writ	ne Ar-44del
3	SOUTH B	ALTIMORE GEN	ERAL HOSPITAL		r Dress (If rural, give facation) eake Mobile Homes	Box 150
5. s	emale	6. RACE White	7. MARRIED, NEVER MARRIED WIDO WED, DIVORCED (specify)	8. DATE OF BIR	7H 9. AGE (In years lost birthdoy)	
		JPATION (Give kind of world	KIOB. KIND OF BUSINESS OR INDU		(State or foreign country)	12. CITIZEN OF
don		vorking life, eyen if retired)		, -	Virginiz.	WHAT COUNTRY?
		Charles D EVER IN U.S. ARMED		17. INFORMANT	Pla W.	HITE
		(If yes, give wor ar date		261 en V	umer 80 V 150 Ha	peake Mobile Homes
	18. E 9	04,9 + 6 SE OR CONDITION DI	0 0 1 1	USE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	(This does	LEADING TO DEATH	dving e.g. (A) Ge	eneralized p	peritonitis compliq	eating
		ostherro, etc. It means application which caused	pε	erforation o	of dome of the blac	lder
z	DISEASES RISE TO TH	INTECENDENT CAUSE OR CONDITIONS, IF A E ABOVE CAUSE (A) S' IG CONDITION LAST.	NY, GIVING (B)			
ERTIFICATION	TO THE	II  VIFICANT CONDITIONS  DEATH BUT NOT REI  R CONDITION CAUSING	LATED TO THE 2. Cirrh		ral hematomas with ver due to chronic	old cerebral contus ethylism
CERT	2 12-26	WAS PER	TOTAL TO SUBJECT TO SU	20A. AUTOPS Yes	Y? (Yes or No) 208, IF YES, WERE F IN CERTIFYING CAU Yes	INDINGS CONSIDERED USES OF DEATH?
EDICAL	21 A. EXTERNA UNDERLYING	CAUSE WAS OR CONTRIB- SE OF DEATH.		e.a. in or obout 21C.	WHERE DID (If in Saltimore City, o	give exact location)
Σ	21 D TIME OF INJURY (APPROX.)	(Manth) (Day) (Year			OW DID INJURY OCCUR?	
	22,	•	m. WORK AT . ? A	T WORK P	robably fell while	intoxicated
	I cert	ify that I held an I			nd that on this bosis, death in	
	resul	ted from: Natural co	uses Accident X Sui		ide Undetermined monn	ier 🗌
	ACTUAI SIGNAT		of when		MEDICAL EXAMINER A	DATE SIGNED
	EXAMIN NAME (	Type) RUSSELL	S. FISHER, M.D.	ASSOCIATE I	MEDICAL EXAMINER	1-3-66
	AOVAL (Specify	1 1/2	23C. NAME OF CEMETE	RY or CREMATORY		y, town, or county) (Stote)
244	DATE REC'D	BY HEALTH DEPT.	24B, NAME OF REGISTRAR	24C FUNES	A DIRECTOR	ADDRESS
	JAN 12	1966 Robert	E. Farbeyma	24	150/AE, For	Funeral Home, Inc.
VS	151-REV. 1/1/	867.	2 1 4 4 1	0	0 0 4	V

A.E. CASE NO.	SED TO			TE OF DEATH	ND HOUR OF DEAT	Н
Type or Print)	CORA BOL	TON				
PLACE OF DEATH	IN BALTIMORE, MAR			4. USUAL RESIDENCE (WI	nere deceosed lived. If	6   6:15 P
FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospital o address or location)	institution,	give street	Maryland	Baltimore	
				Baltimore		63-00
	LL NURSING H				f rurol, give location)	
LAFAYETTE	AND JOHN ST	REETS.		2404 Birch	Drive	*
SEX 6.	RACE	7. MARRIED	D. DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Months: Doys Hours M
Female	White		idowed	Dec. 19, 1885	80	Months Doys Hours M
A. USUAL OCCUPA	ATION (Give kind of work)			11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF
	king lile, even if retired)					WHAT COUNTRY?
· At Hos	me			Howard Coun	ty, Md.	U.S.A.
				MOINERS MAIDEN NA		
J	acob R. We	lls			Rodger	S
. Was Deceased Ev	er in U. S. Armed Force	es?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	4 - 24 St 2 201 01 00100	3. 20111061	None	Murray McNa	bb 2404 Ri	rch Drive
18. 2. 3 /	VI		CAUSE O		OD BIOT DI	INTERVAL BETWEEN
	OR CONDITION DIRE	CTLY	OUO2E O	- PEGIN		ONSET AND DEATH
	ADING TO DEATH	CILI	cereb	r <b>be</b> vascular acc	ri dent.	7 weeks
(This does not	mean the made of	dying, e.g.	, DUE TO			1 meens
	thenia, etc. II means I					
	colian which caused o	aeam.)	cereb	ro-vascular gri	terioscleros	sis segeral vears
AN	TECEDENT CAUSES		DUE TO	ro-vascular gri	terioscleros	sis segeral years
DISEASES OR	TECEDENT CAUSES  CONDITIONS, if a	ny, giving	DUE TO			
AN DISEASES OR rise to the	TECEDENT CAUSES	ny, giving	DUE TO	ro-vascular eri		
AN DISEASES OR rise to the	TECEDENT CAUSES  CONDITIONS, if a abave cause (A) CONDITION lost.	ny, giving	DUE TO			
DISEASES OR use to the underlying (	TECEDENT CAUSES  CONDITIONS, if a above cause (A) condition lost.	ny, giving sloling lhe	o (c) diar			
AN DISEASES OR iise to the UNDERLYING	TECEDENT CAUSES  CONDITIONS, if a above cause (A) CONDITION lost.	ny, giving stoling the	o (c) diar			
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AN DISEASES OR iise to the UNDERLYING	TECEDENT CAUSES  CONDITIONS, if a above cause (A) CONDITION lost.  II  ANT CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITION CAUSING IT.	ONTRIBUTING TED TO THE	(c)	rhea		
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DISEASES OR  iise la lhe  UNDERLYING (  OTHER SIGNIFIC  TO THE DEA  DISEASE OR CC  19A. DATE OF OI  21A. ACCIDENT  OR CONTRIBUTH  DEATH (notify me	CONDITIONS, if a above cause (A) CONDITION Iosi.  ANT CONDITION COTH BUT NOT RELATIONATION CAUSING IT.  PERATION 198. COND WAS PERFO	ONTRIBUTING JOHN FOR ORMED  211 hor etc	DUE TO  (C)  IG diar  WHICH OPERATION  B. PLACE OF INJURY (e.g., in ne, form, foctory, street, of	Phea 20A. AUTOPSY? (Yes or h	No) 20B. IF YES, WER IN CERTIFYING C	3 Weeks E FINDINGS CONSIDERED AUSES OF DEATH?
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AN DISEASES OR iise to the UNDERLYING O THER SIGNIFIC TO THE DEA DISEASE OR CO 19A. DATE OF OI OF CONTRIBUTING CONTRIBUTING CONTRIBUTING COF INJURY (APPROX.)  21. Certify the that (I) (we) to and haur and fr 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type	TECEDENT CAUSES  CONDITIONS, if a abave cause (A)  CONDITION lost.  II  ANT CONDITIONS CONDITIONS CONDITION CAUSING IT.  PERATION 198. COND WAS PERFO  WAS UNDERLYING WAS PERFO  WAS UNDERLYING AND CAUSE OF Edicol exomines)  Anoth) (Doy) (Yeor)  at (I) (this hospital) as saw the deceased cam the causes state	ONTRIBUTING DITION FOR ORMED  (Hour) 218 WW. attended dalive aned abave. (	DUE TO  (C)  IG diar  WHICH OPERATION  B. PLACE OF INJURY (e.g., ir ne, form, foctory, street, of J.  E. INJURY OCCURRED hille A1 Work the deceased fram 12  1-10-  (I) (We) (did) (did nat) v  M.D. Atternation	20A. AUTOPSY? (Yes or No or obout 21C, WHERE DID fice bldg., INJURY OCCUR?  21F. HOW DID IN 12	O) 208. IF YES, WER IN CERTIFYING COUR?  IJURY OCCUR?  ta	3 Weeks E FINDINGS CONSIDERED CAUSES OF DEATH? ore City, give exact location)  19 6 pinian death accurred an the
DISEASES OR  IISE IO THE  UN DERLYING OF  TO THE DEA  DISEASE OR CO  19A. DATE OF OR  21A. ACCIDENT OR CONTRIBUTING OF INJURY (APPROX.)  22. I certify the that (I) (we) Io and haur and fr  23A. SIGNATURE  23C. PHYSICIANS NAME (Type)  A. BURIAL CREMA REMOVAL (Special Control of the control o	TECEDENT CAUSES  CONDITIONS, if a abave cause (A) CONDITION Iosl.  II  ANT CONDITIONS CONTINENT OF THE BUT NOT RELATION DITION CAUSING IT. PERATION 198. CONDITION CAUSING IT. PERATION (Doy) (Yeor)  WAS UNDERLYING (Name of Cause) (Post of Cause of	ONTRIBUTING TED TO THE CORMED 211 hor etc 212 www. attended dalive an ed abave. (24c. N	DUE TO  (C)  IG diar  WHICH OPERATION  B. PLACE OF INJURY (e.g., ir me, form, foctory, street, of me, foctory, street, s	20A. AUTOPSY? (Yes or hand) or obout 21C. WHERE DID fice bidg., INJURY OCCUR?  21F. HOW DID IN 10 10 10 10 10 10 10 10 10 10 10 10 10	ON 20B. IF YES, WER IN CERTIFYING COUR?  (If in Baltim  IJURY OCCUR?  That in (my) (aur) a  Stoff Phys.	3 Weeks E FINDINGS CONSIDERED AUSES OF DEATH?  ore City, give exact location)  19 6 pinian death accurred an the  238. DATE SIGNED 1-10-66
AN DISEASES OR iise to the UNDERLYING O THER SIGNIFIC TO THE DEA DISEASE OR CO 19A. DATE OF OI OF CONTRIBUTING CONTRIBUTING CONTRIBUTING COF INJURY (APPROX.)  21. Certify the that (I) (we) to and haur and fr 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type	TECEDENT CAUSES  CONDITIONS, if a abave cause (A) CONDITION Iosl.  II  ANT CONDITIONS CONTINENT OF CAUSE OF CAU	ONTRIBUTING TED TO THE CORMED  (Hour) 21E WW. W. attended dalive aned abave. (	DUE TO  (C)  IG diar  WHICH OPERATION  B. PLACE OF INJURY (e.g., if nee, form, foctory, street, of nee, foctory, street, nee, foctory, nee, foctory, street, nee, foctory, nee,	20A. AUTOPSY? (Yes or hand) or obout 21C. WHERE DID fice bidg., INJURY OCCUR?  21F. HOW DID IN 10 10 10 10 10 10 10 10 10 10 10 10 10	ON 208. IF YES, WER IN CERTIFYING COUR?  (If in Baltim  IJURY OCCUR?  That in (my) (aur) a  Stoff Phys.   LOCATION (Baltimore,	3 Weeks E FINDINGS CONSIDERED AUSES OF DEATH?  ore City, give exact locotion)  19_6 pinian death accurred an the  238. DATE SIGNED 1-10-66



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

HRTH NO. 66 0033°	7	Y HEALTH DEPARTMENT		66 00337
M.E. CASE NO.	CERTIFICA	ATE OF DEATH	Registered No.	
NAME OF DECEASED Type of Part LORETTA	Mc GUIGAN		1-10-66	9 25 A
PLACE OF DEATH IN BALTIMORE, MARYLA	ND		e deceased lived. If inst	titution: residence before odmission
FULL NAME OF (If not in hospital or in oddress or locotion) INSTITUTION		C. CITY OR TOWN (If out	side city limits, write RU	JRAL ond give township)
MONTEBELLO STATE	Hosp.	1 1	rurol, give locotion)  DRUF	(13730)
SEX   6. RACE   7. A	ARRIED, NEVER MARRIED	B. DATE OF BIRTH	ACE (I	If Under 1 Yr. , If Under 24 Hrs
remale While	VID OWED (specify)	19-19-1869	96	Months Doys Hours Min.
6A. USUAL OCCUPATION (Give kind of work 10 B. lone during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTR	HARford C	Md	12. CITIZEN OF WHAT, COUNTRY?
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE C	
WHEELE	R		KideR	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown! (If yes, give wor or dates of	service) 16, SOCIAL SECURITY NO.	17. INEGEMANT RENE	HALL - 30	w. Chesapeake
18.// 00 0 1	VONE	OF DEATH	Kecoris	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECT	LY		11.00	ONSET AND DEATH
LEADING TO DEATH (This does not meen the mode of dying	ng, e.g., DUE TO	TERIUSCLEROTIC	HEART	10 7 CHCS.
heort foilure, osthenio, etc. Il means the injury or camplication which caused dea	disease,		DISEASF	
ANTECEDENT CAUSES	(B)	i wadidaawada 9998aa a abia a a a a arijida waa Tara Cg supgaangg	TYPOTEN 00000000000 000000000000000000000000	
DISEASES OR CONDITIONS, if any, rise to the obove cause (A) slot				
UNDERLYING CONDITION lost.	ing the (C)			
OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED				
DISEASE OR CONDITION CAUSING II.	ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	208. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTING CAUSE OF  DEATH (notify medical examinet)	218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore	City, give exoct locotion)
	out 21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY (APPROX.)	While At Not Wh			
22. I certify that (1) (this hospital) at			9 61 to	1-10 1966
that (1) (we) last saw the deceased al	1			ian death occurred on the do
and hour and from the causes stated a	bove. (1) (We) (did) (did not)			
23A. SIGNATURE	1-			23B. DATE SIGNED
Living I Gogels		ys. Director	Stoff Phys. L	1-10-66
23C. PHYSICIAN'S NAME (Type) Irving L. Co	operstein M.D	23D. ADDRESS	S+ to Hoe	o Rains ms
4A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY of C	REMATORY 24D. LC	OCATION (City	, town, or county) (Stote)
REMOVAL (Specify)  Burial 1/13/66 25A, DATE REC'D BY HEALTH DEPT. [258,	New CAthed		BALTIMOR	1
JAN 12 1966 Recent 8	o to law all	Elisworth Art	nacost 4600	Liberty Heights
'S 150-REV. 1/1/65		- U - U - U		



	00 00000	BALTIMORE CITY	HEALTH DEPARTMENT	66 00338
BIRTH N		CERTIFICA	TE OF DEATH Registered	No. 00 00000
1. NAM	ASE NO.	7.	2. DATE AND HOUR OF DE	ATH
Type o	Print Seonge 1	helps	1-10-66	1200 /
3. PLA	CE OF DEATH IN BALTIMORE, MARYLAND	-	4. USUAL RESIDENCE (Where deceased lived.	If institution: residence before odmiss
C1111	NAME OF MARK LANGUE OF THE STATE OF THE STAT	No. of the second	King land, K	Marabe
HOS	NAME OF (If not in hospital or instilu	tion, give street	C. CITY OR TOWN (If outside city limits, w	vito RURAL and give township)
INST	Church	Ho me	Bot transce	2705
2			D. STREET ADDRESS (If rusal, give location	7 -
	& bb 5 p	a tel	34/2 Korel	u an. 2123
5. SEX	// WIDO	RIED, NEVER MARRIED OWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In yours	If Under 1 Yr. If Under 24 Months Doys Hours Min
103 115	UAL OCCUPATION (Give kind of work 108, KIN	DOE BUSINESS OF INDUSTRY	11 DISTURDACE (State or France)	12 CUTTEN OF
	ring most of working life, even if relired)	D OL BOSHAESS OK HADOSIKI	11. BIRTHPLACE (Store of foreign country)	12. CITIZEN OF WHAT COUNTRY?
1	fletine		maryland	USA
13. FAT	HERS NAME		14. MOTHERS MAIDEN NAME	
-	uil best I'held	w	Sara from	th
5. Was	Deceased Ever in U. S. Armed Forces? or unknown) (If yos, give wor or dates of sor	1 6. SOCIAL	17. INFORMANT	ADDRESS
Yos, no	or unknown) (If yos, give wor or dates of sorv		1 11 1 2 0 1 2721 w 1 10 m . ** 1 1 1 0	MARRIA MARIA
100		705-09-1023	LILLIAN PHELPS 3417	
18.	420.11	CAUSE C	F DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1	5/10	0. 1 0000
/TL	nis does not mean the mode of dying,	(A) (1)	ule Valuonera E	aling 3 dog
	art failure, asthenia, etc. It means the dis			
	ury or camplication which caused death.)	1	14000000111	7
	ANTECEDENT CAUSES	(B) PC	huyocardul Infar	u year
DI	SEASES OR CONDITIONS, if ony, g	DUE TO	-	
	e ta the abave cause (A) stating		loners artery ku	une your
10	DERLYING CONDITION last.	1000 0 d = 0.000 0 0 0 0		
	II .			
	THER SIGNIFICANT CONDITIONS CONTRIB DITHE DEATH BUT NOT RELATED TO			
A DI	SEASE OR CONDITION CAUSING IT.			
일 192	A DATE OF OPERATION 198. CONDITION	FOR WHICH OPERATION	20 A. AUTOPSY? (Yos or No.) 20 B. IF YES, WIN CERTIFYING	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
C				21.00
0 217	A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i		timore City, give exact location)
DE.	ATH (notify modical examiner)	otc.)		
0 210	D. TIME (Month) (Doy) (Your) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
2 01	INJURY PPROX.)	While At Not Whi		
		Work At Work		
22.	I certify that (1) (this hospital) attend	led the deceased from	7 - 6 - 66 19 to	1-10-6-619
the	ot (I) (we) lost sow the deceased alive	an 1-10-6	ond that in (my) (aur)	opinian death occurred on the
		(1) (1) (1) (1) (1)		
OD/	d hour and from the couses stated above	ve. []} {\max} {\did} {\did \neq 1 -	riew the hady ofter death	
	d hour and from the couses stated abov	ve. (I) (We) (did) (dld nat)	view the bady offer death.	23B. DATE SIGNED 4
	d hour and from the couses stated about			23B. DATE SIGNED
23A	Signature Magnant		onding Med. Staff s. Director Phys.	238. DATE SIGNED
23A		M.D. Att	onding Med. Stoff	238. DATE SIGNED
23A	S. SIGNATURE M. Mognant E. PHYSICIAN'S	M.D. Att	onding Med. Staff s. Director Phys.	238. DATE SIGNED  1/10/ble
23A 23C	R. SIGNATURE  A. Mognant  C. PHYSICIAN'S  NAME (Typo)  RO GOLFO L. MM  DRIAL CREMATION, [24B, DATE ]24	M.D. AHPhy	onding Med. Staff s. Director Phys.	1/10/ble
23A 23C	Rodol Fo L. MM	M.D. AHPhy	onding Med. Stoff Phys. 23D. ADDRESS  Ohweh Home &	1/10/bb
23A 23C	R. SIGNATURE  A.	M.D. AHPhy AME OF CEMETERY OF CR HOLY KOSPRY	Onding Med. Stoff Phys. 23D. ADDRESS  Which Home & EMATORY  BALTIMO	1/10/bb  Amutal (City, town, of county) (Stote (RE Co MD)
23A 23C	R. SIGNATURE  A. SIGNATURE  C. PHYSICIAN'S  NAME (Typo)  RIAL CREMATION, 24B. DATE  EMOVAL (Specify)  ATE REC'D BY HEALTH DEPT. [25B. NA	M.D. AHPhy	onding Med. Stoff Phys. 23D. ADDRESS  Ohweh Home &	1/10/bb
23A 23C	R. SIGNATURE  A.	M.D. AHPhy AME OF CEMETERY OF CR HOLY KOSPRY	Onding Med. Stoff Phys. 23D. ADDRESS  Which Home & EMATORY  BALTIMO	1/10/ble  Amutal (City, town, County) (Store (RE Co MD)

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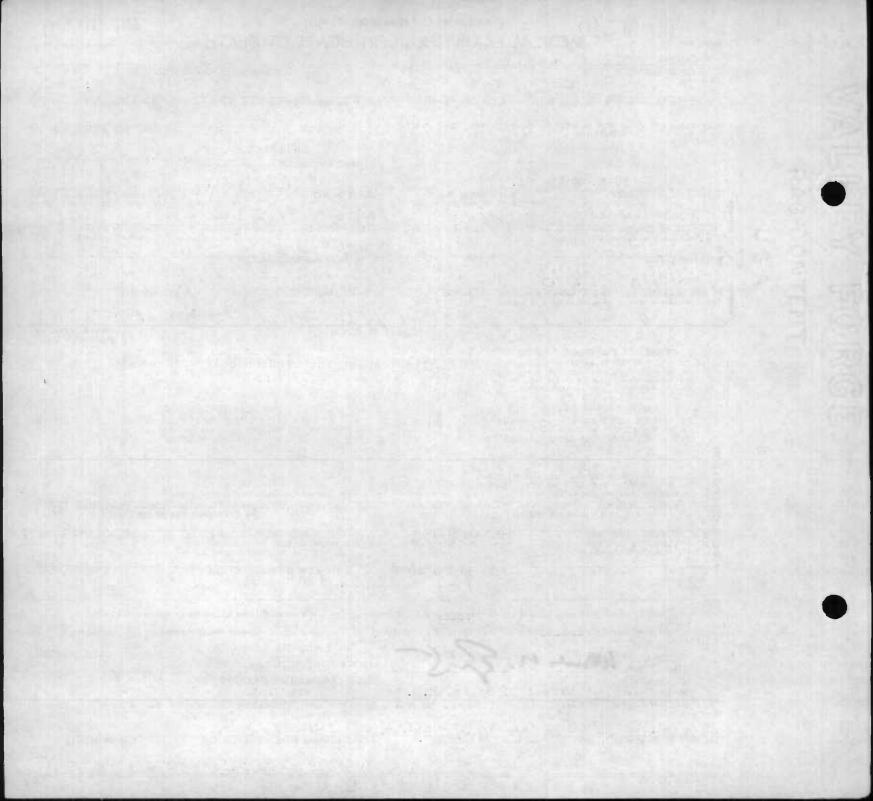
		00 00000		ALTIMORE CITY	HEALTH DEPARTMENT		66 0000-
		н но. 66 00339	C	ERTIFICA	TE OF DEATH	Registered Na	66 00339
	1, NA	AME OF DECEASED	111			HOUR OF DEATH	
	(Туре	MISS MATIAN	thillips			1-66	M.
	3. PL	LACE OF DEATH IN BALTIMORE,	MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUNTY	deceased lived. If insti	tution: residence before odmission)
		ULL NAME OF (If not in hospi	tol or institution, give stree	t	Ind. Bal:	to.	46-01
		OSPITAL OR oddress or loc		A .	C. CITY OR TOWN (If outside		
3	4	BON SECOU	R HOSPITA	72	D. STREET ADDRESS (If rur	ank Road	ave. BALTO.
	5. SE	EX 6. RACE	7. MARRIED, NEVER		8. DATE OF BIRTH 9.	AGE (In years st birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
		emale lubite	NEVER m	CARRIEC	5-11-85	80	
		USUAL OCCUPATION (Give kind of during most of working lile, even if retire		SS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
			ST. VOSER	H HOSP.	MARYLAN 14. MOTHER'S MAIDEN NAME	D	USA
	13. F	ATHER'S NAME	,				
		Phillips San			Clara Be	le KR	EMER
	Yes,	Vos Deceosed Ever in U. S. Armed no orunknown) (If yes, give wor or	lotes of service) SEC	URITY NO.	17. INFORMANT		ADDRESS
	1	10	2160	03-8118	WIVIAN MIDO	RE 63/61	
		18. 290, 2	DIRECTIV	CAUSE O	FDEATH		INTERVAL BETWEEN' ONSET AND DEATH
		DISEASE OR CONDITION LEADING TO DEA		(1)	ardiac an	est	15 min
		(This does not mean the made heart failure, asthenia, etc. If me		DUE TO			
		injury or complication which cou	sed death.)	Con	gestive Heart	Failme	2 months
		ANTECEDENT CAU		DUE TO			
		DISEASES OR CONDITIONS, rise to the above cause (		(c) Hy	pochromie a	nenia	governly years
		UNDERLYING CONDITION last.					
	N	OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING	11	4		
	ATION	TO THE DEATH BUT NOT P	ELATED TO THE	Urem			
	TFIC	19A. DATE OF OPERATION 19B. C	ONDITION FOR WHICH C	PERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN	IDINGS CONSIDERED ES OF DEATH?
	CERTIFI	21A. ACCIDENT WAS UNDERLYIN	21 B. PLACE	OF INJURY (e.a., ir	or obout 21C. WHERE DID	(If in Boltimare C	City, give exact location)
	1 - 1	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)		foctory, street, of	fice bldg., INJURY OCCUR?		,, 9.0 0.001 10001011
		21D. TIME (Month) (Doy) (Ye	or) (Hour) 21 E. INJURY	OCCURRED	21F. HOW DID INJUR	RY OCCUR?	
	1 > 1	OF INJURY (A PPROX.)	While At	Not While	•		
		22. I certify that (1) (this hosp			An. 3 19	66 to A	en. 11 10 hh.
		that (1) (we) last saw the dece	sed alive an A	m. 11			on death accurred on the date
	1 1	and haur and fram the causes	1/	(110)	_		
		23A. SIGNATURE	01				3B. DATE SIGNED
		Samuel C	· Chuo	M.D. Atte	nding Med. SI Director P	hys.	Jan. 11. 66
		23C. PHYSICIAN'S NAME (Type)			23D. ADDRESS	11 0	11 2 001
		SAMUEL	C. CHUO	M.D.	Bon Secours	Hosp. Bal	fo 23, M.C.
	24A.	BURIAL CREMATION, 24B. DATE	24C. NAME of	EMETERY OF CRE	MATORY 24D. LOC	ATION (City,	town, or county) (State)
	13	URIAL 1-14.	1766 LOUDO	Y PAKK	CEMETERY DE	140	1410.
	23A.	IAN 19 1069	POR TENT	Charles M. D.	WEBER FUNDED	DI HOME [2]	EOMOIYUSON AVE
1	VS 1	150-REV. 1/1/65	4		O O O O	וונפשוישן-	JAW HACATHALIA



WEBER+SONSINC 4015.CHEST

24A, DATE REC'D BY HEALTH DEPT.

VS 151-REV. 1/1/65



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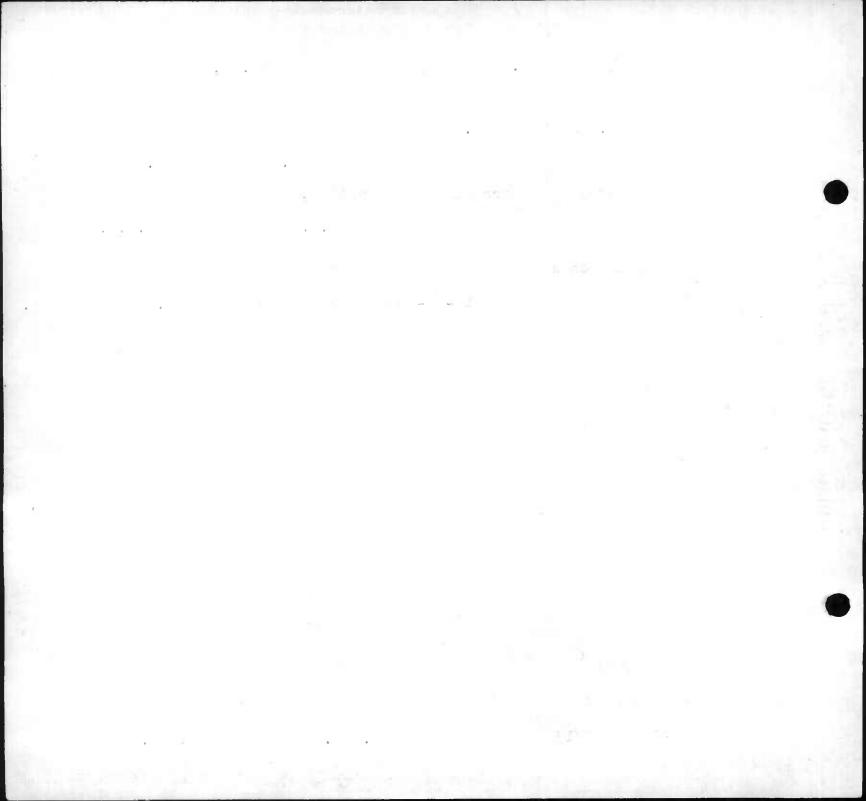
## BALTIMORE CITY HEALTH DEPARTMENT

CEDT	IFICA	TE OF	DEATH

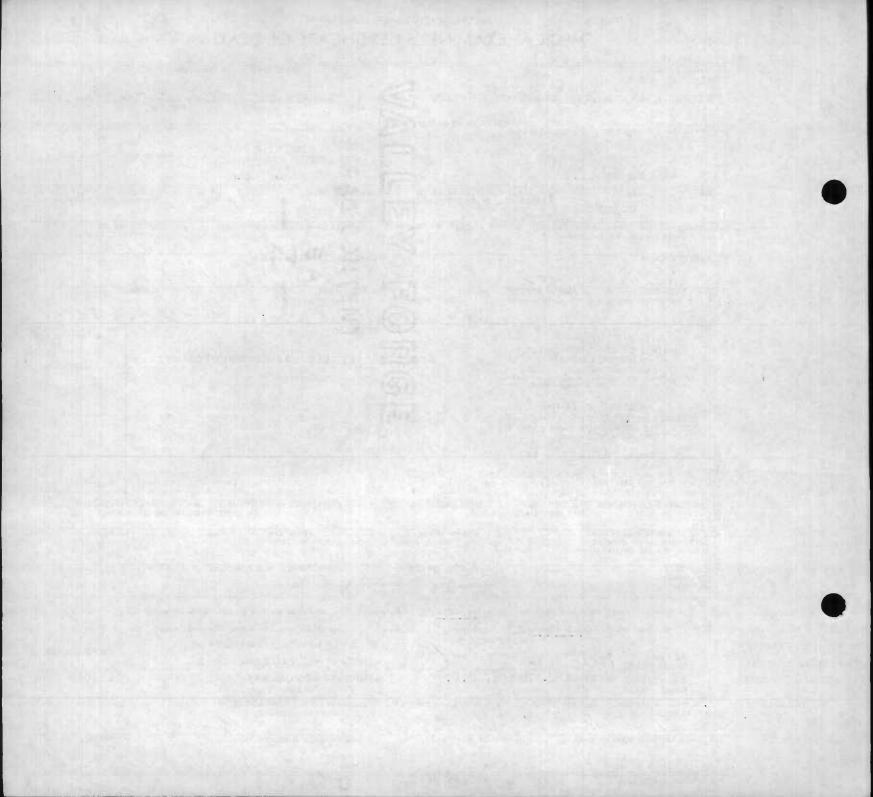
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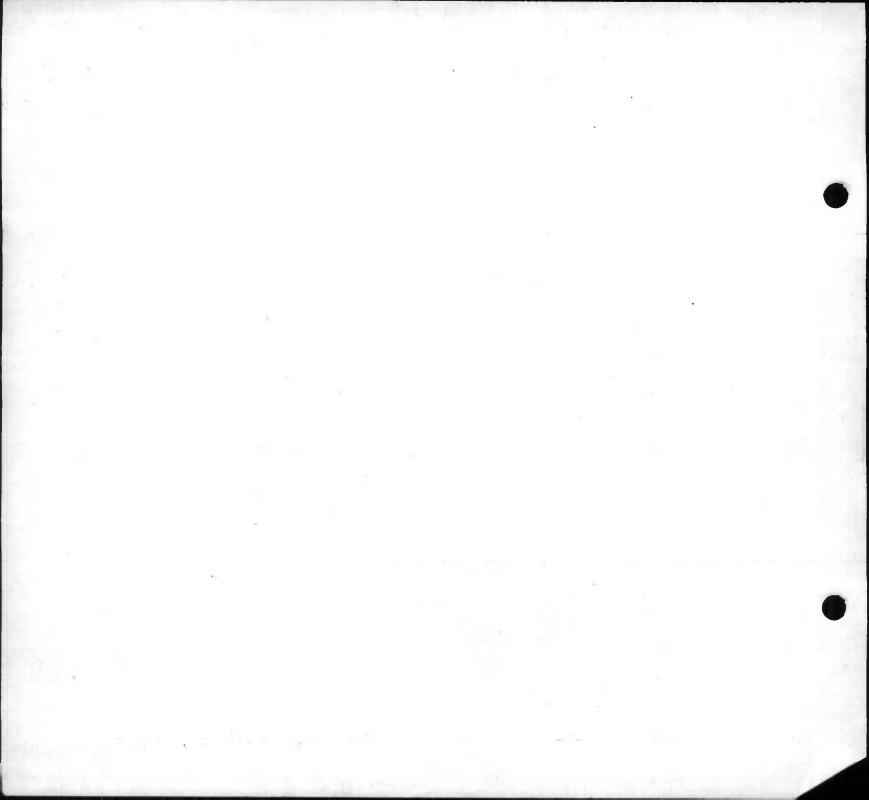
TARKE OF DECIASED   The Ordore R. Jones	BIRTH NO.	66 003	541	CERTIFICA	TE OF DEATH	Registered No.	6 00341	
TREOTOCOTE R. JONES  JARCE OF DEATH IN SATURDER, MARIEAND  FULL NAME OF CONTROL OF CONTR		CEASED			2. DATE AND	HOUR OF DEATH		
FULL NAME OF DEATH IN BALTIMORE, MARTHAND FULL NAME OF DEATH OF DE		Theordore	R. Jo	ones	Jan. 8. 1966			
D. STREET ADDRESS   Cil rout, give locations    1503 N. Smallwood St.	3. PLACE OF DEATH IN BALTIMORE, MARYLAND  FULL NAME OF (If not in hospitol or institution, give street			A. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission a. STATE B. COUNTY  Maryland				
Male  Negro  AUSUAL OCCUPATION (Give ind of work) lots. KIND OF BUSINESS OR INDUSTRY  ALL MOTHERS MAME  Limus Jones  S. C.  14. MOTHERS MADEN NAME  Limus Jones  Mary  Mary  No  No  No  No  No  No  No  No  No  N	) 1	OO) N. SMAII	wood s	<b>.</b>	D. STREET ADDRESS (If rui		A.	
Male Negro Middle Negro Married April 9, 1907 58 Months: Doys Hours of Married April 9, 1907 58 Months: Doys Hours of Married April 9, 1907 58 Months: Doys Hours of Married April 9, 1907 58 Months: Doys Hours of Married April 9, 1907 58 Months: Doys Hours of Married April 9, 1907 58 Months: Doys Hours of Married April 9, 1907 58 Months: Doys Hours of Married Months: Doys Hours of Months: Doys Ho	CEV	6 BACE	7 AAADDIED	NEVER AAARRIED				
S.C.   U.S.A.     3. FATHERS NAME   14. MOTHERS MAIDEN NAME   Mary     5. Was Dacasada law in U. S. Amed Fricas     5. Was Dacasada law in U. S. Amed Fricas     5. SCIAL   SECURITY NO.     10. SOCIAL   SECURITY NO.	Male	WIDOWED, DIVORCED (specify)			April 9, 1907	58	Months Doys Hours Min.	
Limus Jones  S. Wes Deceased Even in U. S. Armed Forces?  S. Wes Deceased Even in U. S. Armed Forces?  S. Deceased Even in U. S. Armed Forces?  SECURITY NO.  215-01-5999  Dorthy Jones  1503 N. Smallwood S.  CAUSE OF DEATH  (This does not meen the mode of dying, e.g., head followed selection which coused death,)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving his to the above cause (A) stoling like  UNDERLING CONDITION Is.  10  THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OF CONDITION FOR WHICH OPERATION  110  TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION FOR WHICH OPERATION  111  112  113  114  115  116  117  117  118  119  119  119  119  119			10B. KIND OF	BUSINESS OR INDUSTRY		country)	WHAT COUNTRY?	
S. Wos Decesard Even in U. S. Armed Forces?  NO    10, 10, 10, 10, 10, 10, 10, 10, 10, 10,	3. FATHER'S NA	AME			14. MOTHER'S MAIDEN NAME			
S. Wos. Deceased Ever in U. S. Armed Foreas?  16. SOCIAL  17. INFORMANT  215-01-5999 DOTTHY JONES 1503 N. SMallwood SECURITY NO.  215-01-5999 DOTTHY JONES 1503 N. SMallwood SECURITY NO.  215-01-5999 DOTTHY JONES 1503 N. SMallwood STATE SECURITY NO.  215-01-5999 DOTTHY JONES 1503 N. SMallwood STATE SECURITY NO.  215-01-5999 DOTTHY JONES 1503 N. SMallwood STATE SECURITY NO.  215-01-5999 DOTTHY JONES 1503 N. SMallwood STATE SECURITY NO.  215-01-5999 DOTTHY JONES 1503 N. SMallwood STATE SECURITY NO.  215-01-5999 DOTTHY JONES 1503 N. SMallwood STATE SECURITY NO.  215-01-5999 DOTTHY JONES 1503 N. SMallwood STATE SECURITY NO.  215-01-5999 DOTTHY JONES 1503 N. SMallwood STATE SECURITY NO.  215-01-5999 DOTTHY JONES 1503 N. SMallwood STATE SECURITY NO.  215-01-5999 DOTTHY JONES 1503 N. SMallwood STATE SECURITY NO.  215-01-5999 DOTTHY JONES 1503 N. SMallwood STATE SECURITY NO.  215-01-5999 DOTTHY JONES 1503 N. SMallwood STATE SECURITY NO.  215-01-5999 DOTTHY JONES 1503 N. SMallwood STATE SECURITY NO.  215-01-5999 DOTTHY JONES 1503 N. SMallwood STATE SECURITY NO.  215-01-5999 DOTTHY JONES 1503 N. SMallwood STATE SECURITY NO.  215-01-5999 DOTTHY JONES 1503 N. SMallwood STATE SECURITY NO.  215-01-5999 DOTTHY JONES 1503 N. SMallwood STATE SECURITY NO.  215-01-5999 DOTTHY JONES 1503 N. SMallwood STATE SECURITY NO.  215-01-5999 DOTTHY JONES 1503 N. SMallwood STATE SECURITY NO.  215-01-5999 DOTTHY JONES 1503 N. SMallwood STATE SECURITY NO.  215-01-5999 DOTTHY JONES 1503 N. SMallwood STATE SECURITY NO.  215-01-5999 DOTTHY JONES 1503 N. SMallwood STATE SECURITY NO.  215-01-5999 DOTTHY JONES 1503 N. SMallwood STATE SECURITY NO.  215-01-5999 DOTTHY JONES 1503 N. SMallwood STATE SECURITY NO.  215-01-5999 DOTTHY JONES 1503 N. SMAllwood STATE SECURITY NO.  215-01-5999 DOTTHY JONES 1503 N. SMAllwood STATE SECURITY NO.  215-01-5999 DOTTHY JONES 1503 N. SMAllwood STATE SECURITY NO.  215-01-5999 DOTTHY JONES 1503 N. SMAllwood STATE SECURITY NO.  215-01-5999 DOTTHY JONES 1503 N. SMAllwood STATE SECURITY NO.  215-01-5999 DOTTHY JONES 1503 N.	T	.imus Tones			Monre			
SECURITY NO.  215-01-5999 Dorthy Jones 1503 N. Smallwood S.  CAUSE OF DEATH  (This does not mean the made al dying, e.g., heart foliuse, asheric, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) sloting the UNDERLYING CONDITION Tost.  TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  21A. ACCIDENT WAS UNDERLYING  DISTANCE OF OPERATION  19A. DATE, OF OPERATION  19B. CONDITION FOR WHICH OPERATION  21A. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING—CAUSE OF DEATH?  21A. PLACE OF INJURY (e.g., in at about 21C, WHIETE DID Masses of DEATH?)  OR CONTRIBUTING—CAUSE OF DEATH?  21A. ACCIDENT WAS UNDERLYING  OF INJURY  21A. ACCIDENT WAS UNDERLYING  OF INJURY  APPROX.J  22A. SIGNAFURE  M.D. Altending  M.D. CERMATION  M.D. Altending  M.D. Altending  M.D. Altending  M.D. Altending  M.D. CERMATION  M.D. Altending  M.D. CERMATION  M.D. Altending  M.D. CERMATION  M.D. Altending  M.D. CERMATION  M.D. CICHY, town, or county)  M.D. CERMATION  M.D. CICHY	5. Was Decease	d Ever in U. S. Armed Force	es?	1 6. SOCIAL			ADDRESS	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying, e.g., heart follure, astheria, etc. It means the disease, injury or complication which caused death,)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION [CI. It means the disease, injury or complication which caused death,)  III  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A-DATE-OF OPPRATION 198, CONDITION FOR WHICH OPERATION 20A-AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFFING CAUSES OF DEATH?  19A-DATE-OF OPPRATION 198, CONDITION FOR WHICH OPERATION 20A-AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFFING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING   Septiment of the course of the cour	Tes, no or unknow	vn) (If yes, give woi oi dotes	of service)	SECURITY NO.		1503 N		
198. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH?  21B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, sheet, office bidg., INJURY OCCUR?  21D. TIME (Month) (Doy) (Year) (Hour)  21D. TIME (Month) (Doy) (Year) (Hour)  21L. INJURY OCCURRED Work  22. I certify that (I) (this hospital) attended the deceased from 19 that (I) (we) lost saw the deceased alive on 19 and that in(my) (our) apinian death occurred on the ond hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.  23A. SIGNATURE  M.D. Attending Med. Stoff Director Direc	hearl foilure injury or co  DISEASES rise Ia II UN DERLYIN  OTHER SIGN TO THE	a, aslhenia, etc. II means implication which coused ANTECEDENT CAUSES  OR CONDITIONS, if a the abave cause (A) (A) (B) CONDITION lost.	the disease, deoth.)  Iny, giving sloting the DNTRIBUTING	(C)				
OF INJURY (APPROX.)  While At	19A. DATE O	OF OPERATION 19B. CONE WAS PERFI	ORMED 21B.	SIS AT LIVE PLACE OF INJURY (e.g., in e, form, foctory, street, of	or obout 21 C. WHERE DID			
that (I) (we) lost saw the deceased alive on	S OF INJURY	(Month) (Doy) (Year)	Whi	ile At Not While		Y OCCUR?		
23A. SIGNATURE  M.D. Attending Med. Director Dir	that (I) (we	e) lost saw the deceased	d alive on	1/7/66	19and that		/	
NAME (Type)  WELCOME M.D. // OF HARLEM AVE  (AA. BURIAL CREMATION, 24B. DATE/13/624C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (S)  REMOVAL (Specify)	23A. SIGNAT	TWILL	20	M.D. Atte	nding Med. Sto		23B. DAJE SIGNED / 66	
David and the state of the stat	NAME	YELC	OM	E M.D.	1106 NA	RLEA	Y AVE	
Burial 1/03 Arbutus Mem. Pk. Arbutus, Md.	Burial	(Speci(y) 1/B3	3/86 ^{. N} /				11/25	

VS 150-REV. 1/1/65



BIR	гн но.	00342 _{MED}		AMINER'S C	ERTIFICATE OF	DEATH Regist	66 (11)342 ered No
_	E CASE NO.						
1. (Ty	Pe ar Print)				2. DATE AN	D HOUR PRONOUNC	
3. 1	LACE IN BALT	James IMORE, MARYLAND, W	R. Jones		4 IISHAL BESIDENCE (Where	1/10/66	4:30 p. M. stitution: residence befare admission)
			THE TROTTO		A. STATE Maryland	B. CO	UNTY
FU	L NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	TION, GIVE STREET	C. CITY OR TOWN (If outside	le corparate limits, writ	te RURAL and give township)
IN S	TITUTION				Baltim	ore	1104
0					D. STREET ADDRESS (If rural,	, give lacation)	
		Manse Ct.			480 Manse	Ct.	
5. s	ale	colored		NEVER MARRIED DIVORCED (specify)	2 - 5 - 9 9	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
		PATION (Give kind of wor varking life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	gn cauntry)	12. CITIZEN OF WHAT COUNTRY?
Juli	e dolling most of t	valking life, even it relifed,			Mary land		W.S. A.
13.	ATHER'S NAM	IE /.	7177411		14. MOTHER'S MAIDEN NAM	E	
	Cha.	lie JON			Mary h	16504	
		O EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No			218-10-2896	Louise Jone	5 480 11/1	euse et.
	1B. 16.	2.1		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
1	DISEA	E OR CONDITION DI	RECTLY	-	1		
	(This daes i	LEADING TO DEATH	dvina e.a.	(A) Arteri	osclerotic cardi	ovascular d	1sease
	heart tollure,	osthenia, etc. It meons	the discose,	500.10			
		NTECENDENT CAUSI	2				
	DISEASES	OR CONDITIONS, IF A	NY, GIVING	(B)DUE TO			***************************************
	UNDERLYIN	E ABOVE CAUSE (A) S	TATING THE				
Z				(C)			
ERTIFICATION	TO THE	II NIFICANT CONDITIONS DEATH BUT NOT RE	LATED TO TI	IG HE			
RTIF	DISEASE O	R CONDITION CAUSING		WHICH OPERATION	20A. AUTOPSY? (Yes at Na)	DOR IE VEC MERE E	INDINGS CONSIDERED
CE	17	WAS PER		THE CITERATION		IN CERTIFYING CAU	
Y	21 A. EXTERNA	L CAUSE WAS	21 B. I	PLACE OF INJURY (e.g.,	in ar about 21C. WHERE DID	(If in Baltimore City, g	nive exact lacation)
EDIC		OR CONTRIB- SE OF DEATH.	hame,	farm, factory, street, o	iffice bldg., INJURY OCCUR?		
ME	21 D TIME	(Month) (Day) (Yea	r) (Haur)  2'	E INJURY OCCURRED	21F, HOW DID INJ	URY OCCUR?	
	OF INJURY (APPROX.)			HILE AT NOT	WHILE		
	22. 1 cert	ify that I held on I	nquiry 🗌	Inspection X Aut	opsy ond that on th	is basis, death in	my opinion
	resul	ted from: Natural co	uses X A	ccident Suicid		Undetermined monn	
				71	CHIEF MEDICAL EX	AMINER -	
	SIGNAT		n.7	THE HO	ASSISTANT MEDICAL EX	KAMINER 🛣	DATE SIGNED
		ER's Werner U	. Spitz		ASSOCIATE MEDICAL E	-	1/11/66
	BURIAL CRE	1	Part Service Co.	C. NAME OF CEMETERY O	CREMATORY 23D. L	OCATION (City	y, town, or county) (State)
N.5.0	Burial	1-14-	66	Vew Cathede	allem To	c. Himore	m-1
24/		BY HEALTH DEPT.	24B. NAME	OF REGISTRAR	24C. FUNERAL DIRECTOR	4//////	ADDRESS
	10.01				1. 11	1500	11.11.
Ve	151-REV. 1/1/	2 1968 () 2	303	7 Capto	Harry A. Re	car 101011	Children St.
A 2	131-KEV. 1/1/	03	1 13	19 19	11 11 11		





	/3	BALTIMORI	E CITY HEALTH DEPART	MENT	
BIRTH NO.	66 U	0344 CERTIF	ICATE OF DEA	ATH Registered No.	20.00011
M.E. CASE NO.	ASED			DATE AND HOUR OF DEATH	65 110344
Samue.		ouna Ca			6 1 4.50
	Maurice Y	YLAND	4. USUAL RESIDEN	VCE (Where deceased lived, If in	56 4:25a
			A. STATE	B. COUNTY	/ A)
FULL NAME OF	(If not in hospital or oddress or location)	r institution, give street	Mar	yland	6-01
INSTITUTION	Provident	Hospital		(If outside city limits, write	RURAL and give township)
29		sion Street	D. STREET ADDRES	timore  SS (If rurol, give locotion)	
		, Maryland 2121		N. Carrollton	Arconio
S. SEX		, MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	
Male	Negro	WIDOWED, DIVORCED (spec	ily)	lost birthdoy)	If Under 1 Yr. If Under 24 Hr Months, Doys Hours Min.
		Separated  OB. KIND OF BUSINESS OR IND	September	11,1893 72	12, CITIZEN OF
lone during most of w	orking life, even if retired)			ne or loreign coonny	WHAT COUNTRY?
Waiter	3-14-14	Maryland Clu	b Baltimore	Maryland Mane	U.S.A.
3. FATHER'S NAM			14. MOTHER'S MA	IDEN NAME	
Gabrie	1 Young		Harrie	et Young	
5. Was Deceased	Ever in U. S. Armed Force (If yes, give wor or dotes	ol service) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS COLO
res, no or onknown,	til yes, give wor or doles			G	945-6948
18. / / 3 / 5	1 -1 -1		USE OF DEATH	Smith-daughter	1312 Bentalou S
VO OTHER SIGNIF TO THE DE DISEASE OF CO		ONTRIBUTING FOR THE Diabet	es mellitus	(Yes or No) 20B. IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
19A. DATE OF	WAS PERFO	DRMED	no	IN CERTIFYING CA	USES OF DEATH?
OR CONTRIBUT	T WAS UNDERLYING TING CAUSE OF	21B. PLACE OF INJURY home, form, foctory, st etc.)	(le.g., in or obout 21C. WHEI reet, office bldg., INJURY O	RE DID (II in Boltimore	e Cily, give exoct locotion)
	(Month) (Doy) (Year)	(Hour) 21E. INJURY OCCURRE	ED 21F. HOW	DID INJURY OCCUR?	
OF INJURY			ot While		
22 1	L - A (1) (AL 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			10 66 Tons	10 mg 8 66
1		ottended the deceased from		19 66 10 Janu	
					nion death occurred on the d
the state of the s		d obove. (I) (We) (did) (did	nat) view the body afte	r deoth.	
23A. SIGNATUR	RE .				238. DATE SIGNED
T	1 :	Seemed M.	O. Attending X Med Phys.	Stoll Phys.	January 8, 1966
23 C. PHYSICIAN NAME (Ty		/ 1	23D. ADDRESS		
	Andre Rig	uad	M.D. 1514 Divis	sion Street-Balt	imore 17, Maryla
AA. BURIAL CREM	ATION, 248. DATE	24C. NAME of CEMETERY			ity, town, or county) (State)
Burial	7/7-1/	C Ambustina Ma	manial m		
SA, DATE REC'D	//	06 AI DUTUS ME	emorial Pk.	Baltimore (	CO. Md.
1/M 1	2 1000 100	C. C. L. A. C.	Herber		035 W.North AV
JAN 1	0 1300 U. V.	U.S. MIANGETTE	000	10001-7	ODD MOTOT UT WA
/S 150~REV. 1/1/6:				A stanto	



VS 150-REV. 1/1/65

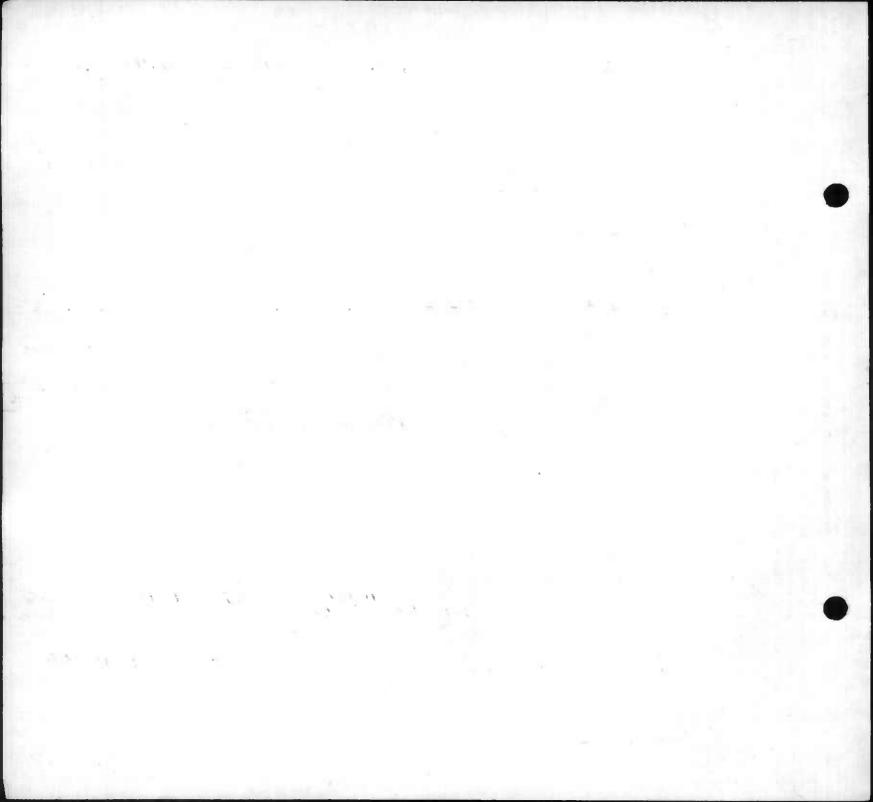
66 00:	BALTIMORE CIT	Y HEALTH DEPARTMENT	CC 110245
BIRTH NO.	CERTIFICA	ATE OF DEATH Regist	ered No. 66 00345
NAME OF DECEASED		2. DATE AND HOUR O	OF DEATH
Type or Print)  Moses T. Somm	erville	January 6	,1966
3. PLACE OF DEATH IN BALTIMORE, MA	RYLAND or institution, give street	4. USUAL RESIDENCE (Where deceased a STATE 8. COUNT)  Maryland	Wived. If inetitution: residence before admission
HOSPITAL OR address or location		C. CITY OR TOWN OF SUISIDE CAY UT Baltimore	nits, write RORAL and give township)
1212 Druid Hi	ll Ave.	D. STREET ADDRESS (If rural, give to 1212 Druid Hill	Ave.
Male Colored	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married	5/31/1883 9. AGE (In lost birthdoy 82	Manths Days Haurs Min,
6A. USUAL OCCUPATION (Give kind af warl dane during mast of warking life, even if retired) Laborer		Warrington N.C.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
3. FATHER'S NAME	Construction	14. MOTHER'S MAIDEN NAME	
William Sommervi	lle		? ?
5. Was Deceased Ever in U. S. Armed For Yes, no ar unknawn) (If yes, give war ar date	ces? 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS AV
essing at outside with the service war of bate	218-10-8226	Usttic Commomril	10 1010 Townedd 11411
18. // 5 ) / 1		Hattie Sommervil	INTERVAL BETWEEN
DISEASE OR CONDITION DIE	RECTLY	4	ONSET AND DEATH
LEADING TO DEATH	(A) 93	terrogelerotu adoverna	unbasan
(This does not mean the made of	dying, e.g., DUE TO		
hearl failure, asthenia, etc. Il means injury or complication which coused	the disease, deoth.)	andiovercuran of	esen
ANTECEDENT CAUSES			
	DUE TO	010000000000000000000000000000000000000	92 0 30 0 92 974 974 974 974 974 974 974 974 974 974
DISEASES OR CONDITIONS, il			100
UNDERLYING CONDITION lost.	(0)		***************************************
11			
OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING		
TO THE DEATH BUT NOT RELA  DISEASE OR CONDITION CAUSING I			- 12
	DITION FOR WHICH OPERATION FORMED	20 A. AUTOPSY? (Yes or No) 20 B. IF Y	ES, WERE FINDINGS CONSIDERED FYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., hame, larm, factory, street, etc.)	in ar about 21C. WHERE DID (If office bldg., INJURY OCCUR?	in Baltimare City, give exact lacation)
21D. TIME (Month) (Day) (Year) OF INJURY	(Haur) 21E INJURY OCCURRED	21 F. HOW DID INJURY OCCU	R?
OF INJURY (APPROX.)	While At Not Wh		
	Work L At Work	//	1
22. I certify that (I) (this hospital	) ottended the deceased from	Jan 3 1966 1	o Kers 6 19 66
that (I) (we) lost sow the decease	ed olive on Lean 3	19 <u>C</u> ond that in (my)	(our) opinion deoth occurred on the d
ond hour and from the couses stor	red obove, (1) (We) (did) (did not)	view the body ofter deoth.	
23A. SIGNATURE	R & M.D. A	lending Med. Stoff	23B, DATE SIGNED
23C. PHYSICIAN'S NAME (Type)	D C	23D. ADDRESS	Jan 0,00
1045To	N 15. SCOTTM.D	130, vacan	une St, Daltun
AA. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY of CI		(City, town, or county) (State)
urial 1/10/	66 Mount Auburn	Cemetery   Baltimo	re Maryland
SA. DATE REC'D BY HEALTH DEPT.	25B. NAME, OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
IAN 12 1966 ( C.	- Entanguma	Herbert E. Nutte	er-3035 W. North Av



	1	
pronounced death was in regular attendance on the	yular attendance on the deceased prior to death. Such	
0	rh.	
ance	dea	
end	40	/
4	rior	
lar	d P	ade
regu	dse	is m
	dece	ION
MOS	the	embalmed or final disposition is made.
ath	LO	P
O	nce	fina
ced	nda	0
DOUL	atte	med
pror	lar	bal
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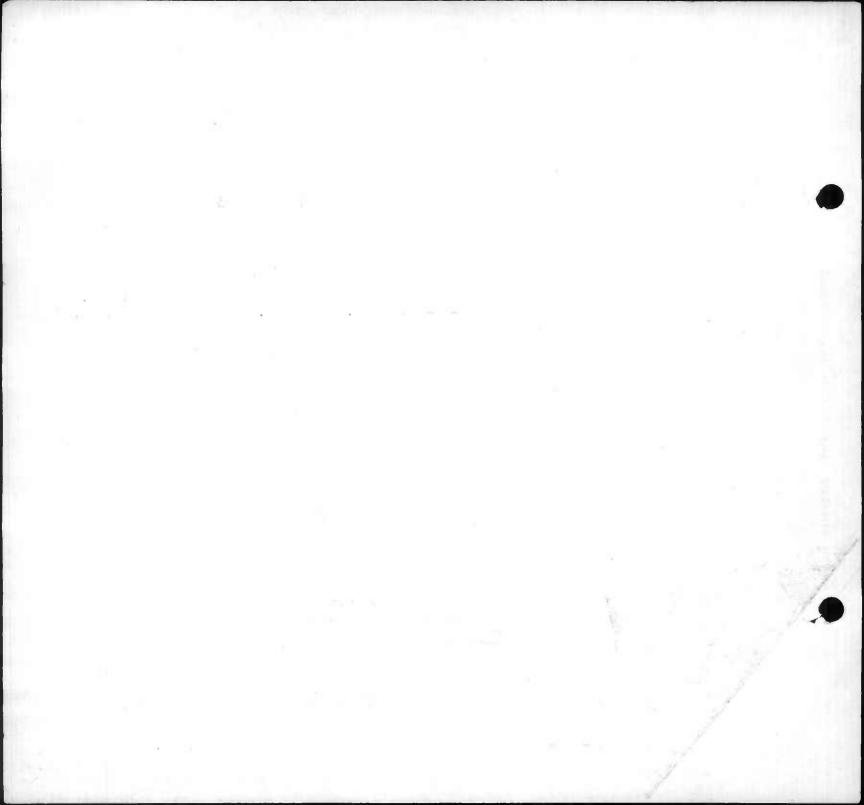
Registered Na. 66 00346 66 00316 BIRTH NO. CERTIFICATE OF DEATH death M.E. CASE NO. Decedse 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) KENNERLY MARSHALL. 10-66 E14 . Jr. hospital 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) of 3. PLACE OF DEATH IN BALTIMORE MARYLAND 8. COUNTY (2) MARYI AND cause FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location) C. CITY OR TOWN (Il autside city limits, write RURAL and give township) cause; INSTITUTION 0 JOHNS HOPKINS HOSPITAL Ē contributing D. STREET ADDRESS (If jural, give location) occurred CATHEDRAL STREET 21201 etermined 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yi. II Une II Under 24 His. WIDOWED, DIVORCED (specify) lost birthday) 5-2-89 MALE WHITE 10A USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 10 pu Physician - self South Carolina 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME direct (4) Elike NERLY MARSHALL JULIA BROWN kind; 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) 17. INFORMANT ADDRESS 16. SOCIAL 701 Cathedral St. 0 SECURITY NO. 220-30-3016 Baltimore, Md. Yes World War I Mrs. Berry C. Marshall any CAUSE OF DEATH INTERVAL RETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY 50, of 6 days LEADING TO DEATH 4 cture (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, aminer. injury or complication which coused death.) frac ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the physician remains UNDERLYING CONDITION lost. burns; MOS Do 11 CATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING med physician TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. the Body 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION the 0 CERTIFIE WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before 218. PLACE OF INJURY (e.g., in or about 2 C. WHERE DID 2 21A. ACCIDENT WAS UNDERLYING (II in Boltimore City, give exact location) ere 9 OR CONTRIBUTING CAUSE OF home, form, foctory, street, affice bldg., INJURY OCCUR? the hospital °N MEDICAL DEATH (notily medical examiner) etc.) nature; ¥ peu 21 D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY approved Not While (except While At (APPROX.) At Work obtai Work and any 22. I certify that (1) (this hospital) attended the deceased fram 1-10-66 66 that (1) (we) last saw the deceased alive on. and that in(my) (aur) apinian death occurred an the date 0 of eath) hospital and have and from the causes stated above. (1) (4e) (did not) view the bady after death. must accident 23A. SIGNATURE 23 B. DATE SIGNED 0 1-10-66 Attending Med. Phys. M.D. 40 Phys. Director approval re 0 23D. ADDRESS 23 C. PHYSICIAN'S prior to NAME (Type) An MICHAEL M.D. JOHNS HOPKINS HOSPITAL 4 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D, LOCATION (City, town, or county) body eceased O REMOVAL (Specify) written shows: o 1 - 12 - 66Green Mount Crematory Baltimore, Maryland SD 25C. FUNERAL DIRECTOR 25A. DATE REC'D BY HEALTH, DEPT. 258. NAME OF REGISTRAR 3 VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

		0.4.74		HEALTH DEPARTMENT	V GG	110247
BIRTH NO.	66 003	347	CERTIFICA	TE OF DEATH	Registered No. 66	OUD47
M.E. CASE NO.	SFD.				AND HOUR OF DEATH	
(Type or Print) DI	SS, EVEL	XN (	0	11.	166	112:30 01
3. PLACE OF DEATH	IN BALTIMORE MAR	YLAND	a Hazatil	4. USUAL RESIDENCE IN A. STATE B. CO	here deceased lived, If instit	ulian: residence before admission
FULL NAME OF	BON SEC	r institution,	S HOSPITAL	MARYLAND	Baltimore	
HOSPITAL OR	oddress or location)			7	outside city limits, write RUF	RAL and give township)
4		, -	FITE ST.	Catonsvil	(If roral, give lacation)	53-00
	BALTIM	TORE, 1	ND.	1	BETH Rd.	28
5. SEX 6. 1	RACE 7		NEVER MARRIED , DIVORCED (specify)	8. DATE OF BIRTH	9 AGE (In years It	onths: Doys Hours Min.
/-	VY	MAI	RRIED	1-11-07	590	
IOA, USUAL OCCUPA done during most of work		OB. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE in te or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife				BALTIMO	RE	U.S.A.
3. FATHER'S NAME				14. MOTHER'S MAIDEN N	IAME	
KING, -	THOMAS			DAL RYMPL	F. Nannie	
5. Was Deceased Ev	er in U. S. Armed Force	es?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	None		216-28-3880	Mr. William (	O. Russ Catons	umbeth Rd.
18.44.20	1-1260	X	CAUSE O		o nuss catons	INTERVAL BETWEEN
1000	OR CONDITION DIRE	CTLY				ONSET AND DEATH
	ADING TO DEATH		(A) ACRE	TE LIYOCARON	AC INFARCTA	3 HRS
	mean the mode of thenia, etc. It means		DUE TO			
	cation which caused i					
AN.	TECEDENT CAUSES		(B)			**************************************
	CONDITIONS, if a					
	above cause (A) CONDITION last.	siding ine	(C)		000 00 00 00 00 00 00 00 00 00 00 00 00	**************************************
	11					
	ANT CONDITIONS CO		7.1	1	1. /	
	NDITION CAUSING IT.	•			litus	
19A.DATE OF OF	PERATION 198. COND		WHICH OPERATION	20 A. AUTOPSY? (Yes or	No. 208. IF YES, WERE FIN THE CAUSE	DINGS CONSIDERED ES OF DEATH?
U 21 A. ACCIDENT	WAS UNDERLYING	21 B.	PLACE OF INJURY (e.g., i	n or about 21 C. WHERE DID	(If in Baltimore C	ity, give exact location)
DEATH (notity me	dical examiner)	etc.)	e, form, toctory, street, o	ffice bldg., INJURY OCCUR?		
	Nonth) (Dayl (Year)	(Hour) 21E.	INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
OF INJURY			te AI Noi Whil	e —		
		Wo				
22. I certify the	ot (I) (this haspital)	ottended ti	ne deceased from		19 66 to /	- // 1966
	st saw the deceased	-				on death occurred on the dat
	om the causes state	d opone	(did) (dld not)	riew the body after deat	h.	
23A. SIGNATURE	1	2 1//				B. DATE SIGNED
1 Ca	ano u	1/xl	M.D. Atte	s. Med. Director	Statt Phys.	1-11-66
23C. PHYSICIAN'S NAME (Type	Ortavio	A. K	Juiz M.D.	SON Secon	us thisp.	TH (
24A. BURIAL CREMA		24C.NA	ME of CEMETERY OF CR	EMATORY 24D	LOCATION (City,	town, or county) (State)
Burial		66 W	odlawn Comoto	2021		
25A. DATE REC'D BY	and the same of	25B. NAME C	odlawn Cemete	25C. FUNERAL DIRECT	Woodlawn, Md.	ADDRESS
JAN 12 1	966 R. O. B.	S. Fr.	Quera a	20 to 75	harry 1 8.	Balto, mos
VS 150-REV. 1/1/65	VIVELINA	1		- won it voo	THE OWNER	northera

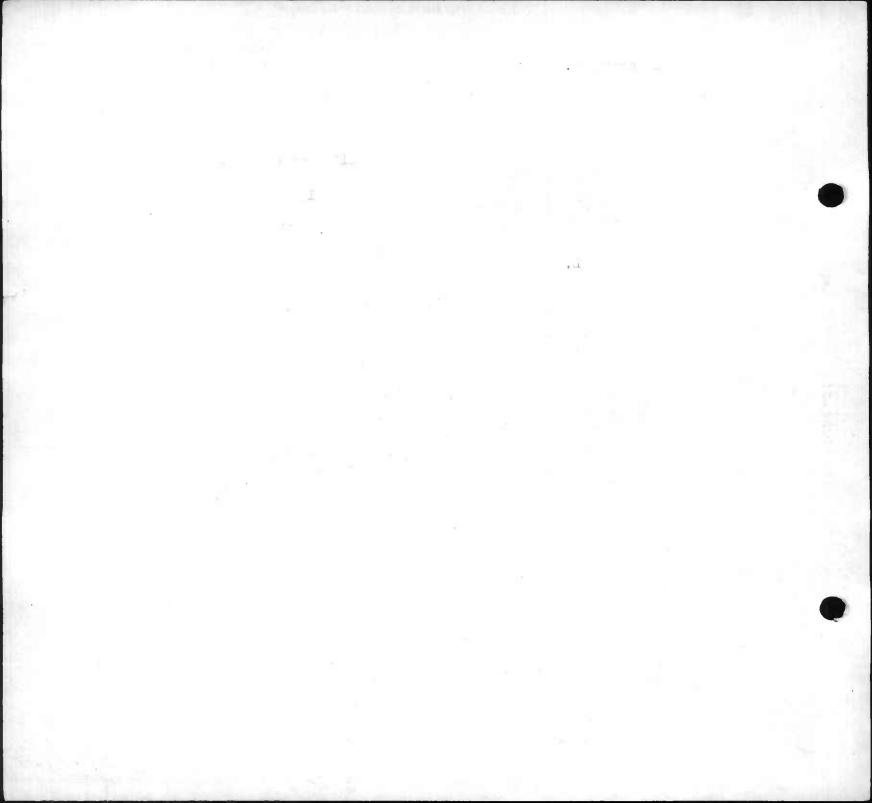


## IMPORTANT FUNERAL DIRECTOR:

This certificate must be opproved by the chief medical examiner or his assistant if deoth occurred in a hospitol and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospitol (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written on the deceased prior to death. Such written on the deceased prior to death. Such written on the deceased prior to death. writte

00 04040	BALTIMORE CITY	HEALTH DEPARTMENT	0.0	00040
BIRTH NO. 66 00348	CERTIFICA	TE OF DEATH	Registered No.	00348
M.E. CASE NO.  1. NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	
Lenora , V. 3 Ke	eys	JANU	ARY 11, 196	6 2 P M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where	deceased lived. If insti	tution: residence before admission)
		Maryland		1-12
FULL NAME OF (If not in hospital or instituted oddress or location)	tion, give street	C. CITY OR TOWN (If outsi	ide city limits, write RU	RAL ond give township)
University of Mar	wand Hospital	Baltimore		
University of	1100		rol, give location)	
		II265 Scott St	reet of H	45
	RIED, NEVER MARRIED		AGE In years	H Under 1 Yr. If Under 24 Hrs.
	OWED, DIVORCED (specify) ふんるい	7/19/1875/	st birthdoy)	Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work 108. KIN	D OF BUSINESS OR INDUSTRY		n Country!	12, CITIZEN OF WHAT COUNTRY?
House wife	Home	Maryland	0	WHAT COUNTRY
3. EATHERS NAME		14. MOTHERS MAIDEN NAM	E	
William B. Mere	dith.			Leave
		E/12 = bet	4 Neva	ADDRESS
5. Was Deceased Ever in U. S. Armed Forces? es,no or unknown! (If yes, give wor or dates of serv	rice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
All control of the co	None	Miss Ruth Hollow	ay 1126 Scc	tt Street
18.49/XI	CAUSE O	1		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	10		2	ONSEI AND DEATH
LEADING TO DEATH	(A) 5 h	oncho preun	yrea	3 days
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis	e.g., DUE TO			
injury ar camplication which coused death.)				
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if ony, g	9			
rise to the above couse (A) stoting UNDERLYING CONDITION lost.	lhe (C)	***************************************		
11	0 /	is orteroderon	•	
OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING 1	( 1 1 1		1 1
OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE Anthritis	+ (un bed for	two years)	10 yrs
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No!	20B. IF YES, WERE FIN	IDINGS CONSIDERED
o line Was remornied			CERTIFIED CAUS	ST OF MEMILI
OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., i	n or about 21 C. WHERE DID	(If in Boltimore C	City, give exact location)
DEATH (notify medical examine)	etc.)			
21D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21 F. HOW DID INJU	RY OCCUR?	
OF INJURY (APPROX.)	While At Not Whi	e	_	
	Work At Work		$\sim$	
22. I certify that (I) (this hospital) attend	1	among 10 19	X	many 11 19 66
that (1) (we) last saw the deceased alive	(/		rin(my.) (our) opinio	on death occurred on the dat
and haur and from the causes stated about	ve. (I) ((()) (dId) (d + not)	view the body ofter death.		
23A. SIGNATURE				3B. DATE SIGNED
Within W. have	M.D. Att		hys.	January 1, 196
23C.PHYSICIAN'S NAME (Type)		23D. ADDRESS	4 -	
Anthony W Trans	M.D.	Unwerst	Arnt. & Bo	ellimore MY 71701
4A. BURIAL CREMATION, 24B. DATE 2	C. NAME OF CEMETERY OF CR	EMATORY 24D. LO	CATION (City.	lown, or county) (State)
REMOVAL (Specify)		14	W	
Burial 1/15/1966	Loudon Park Cen		timore, Mary	Land
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	1 0	Belle mot 1
JAN 12 1966 (P.C. Ma	E. STOLEROMA	Wm.L. Vet	Rover of Some	north+PR.as

VS 150-REV. 1/1/65



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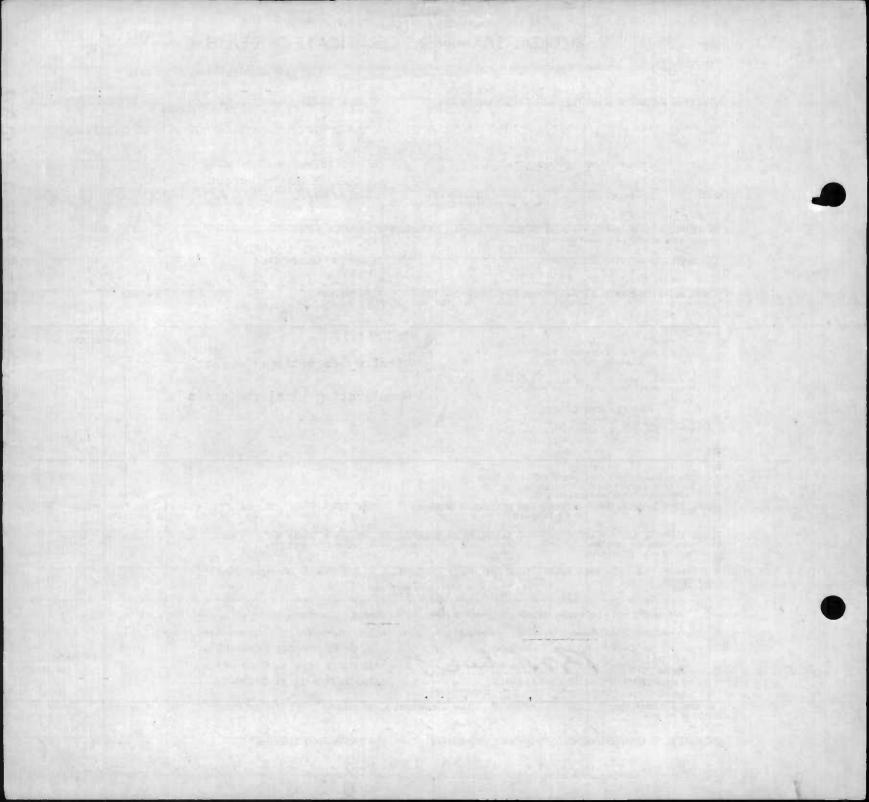
BALTIMORE	CITY	HEALTH	DEPARTMENT
_			_

BIRTH NO. 66 00349	CERTIFICA	TE OF DEATH Regi	stered No. 66 00349	
M.E. CASE NO.  1. NAME OF DECEASED		2. DATE AND HOU		
(Type or Print) ROSIE SMITH	(Rosa Smith)	December 1	anuary 9,1966 at 4:00	P M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND  FULL NAME OF (If not in hospital or instituted oddress or location)  INSTITUTION	tion, give street	MARYLAND  C. CITY OR TOWN (II outside city	limits, write RURAL and give township)	nission)
THE JOHNS HOPKINS HO	SPITAL	D. STREET ADDRESS (II rurol, give 2218 W. SARAROG		
WIDO	RIED, NEVER MARRIED OWED, DIVORCED (specily) DOWED	8-14-97 9. AGE (los) 68	n yeors If Under 1 Yr. If Under Months Doys Hours	24 Hrs. Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even if refired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country Kins wm Co. Vire	WHAT COUNTRY?	
13. FATHERS NAME		14. MOTHER'S MAIDEN NAME	77014	
HENRY HARRIS		LILLIE MOORE		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wor or dates of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	
No	2/2 -22-6720	Thanks SmAN 22	8 W. SARNTOGA ST	-
DISEASE OF CONDITION DIRECTLY	CAUSE O	F DEATH	INTERVAL BETWEE	
LEADING TO DEATH	(A) Card	liorespiratory arrest	None	**************
(This does not mean the mode of dying, heart failure, asthenio, etc. It means the disc injury or complication which caused death,)	e.g., DUE TO			
ANTECEDENT CAUSES	dary to 24 days	***************************************		
DISEASES OR CONDITIONS, if ony, gi rise to the above cause (A) stating UNDERLYING CONDITION lost.	VIIIU	acute renal failure s Acute Myocardial Inf		•
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
None 19A. DATE OF OPERATION 19B. CONDITION I	FOR WHICH OPERATION		YES, WERE FINDINGS CONSIDERED RIFTING CAUSES OF DEATH?	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21 C. WHERE DID	II in Baltimare City, give exact location)	
21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED  While At Not While Work At Work	21 F. HOW DID INJURY OC	CUR?	
22. I certify that (I) (this hospital) attend	led the deceased from	anuary 6. 1966	to January 9 19	66
that (1) (we) last saw the deceased alive				
and haur and from the causes stated above				
23A. SIGNATURE			23B. DATE SIGNED	
Key Byen	Phy		1-9-66	
Jay B. Jensen		^{23D.} ADDRESS John Hopkins Hospita	l, Baltol, Md.	
Bundal (Specify) 24B. DATE	MANT andre			State)
	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS	

VS 150-REV. 1/1/65

Pulstyso 638 M. Belower St

to be successful. It is a second of the seco 25 77 7 12 2 77 7 12 2 77 1 1 1 1 1 1 1



BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO.

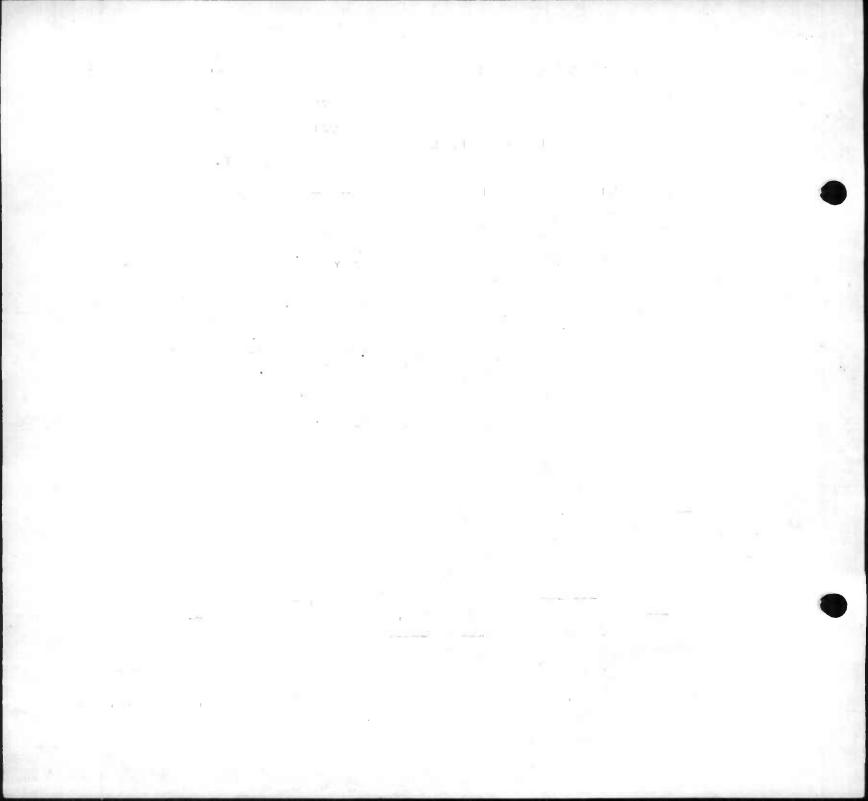
M.E. CASE NO. 1. NAME OF DECEASED

VS 150-REV. 1/1/65

the

Registered No.

2. DATE AND HOUR OF DEATH



Registered No. 2. DATE AND HOUR OF DEATH Jan. 11, 1966 | 12/15PN

4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission)
A. STATE

B. COUNTY C. CITY OR TOWN (If outside city limits, write RURAL and give township) (If rural, give location) If Under 1 Yr. If Und 9. AGE (In years If Under 24 Hrs. lost birthdoy Months Doys 12. CITIZEN OF ADDRESS Mrs. Anne Trenchard Fohner INTERVAL BETWEEN ONSET AND DEATH ((f in Boltimore City, give exact location)

20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21F. HOW DID INJURY OCCUR?

19 6 

Stoff

238, DAJE SIGNED

11 W. 29th Street Balto., Md.

24D. LOCATION

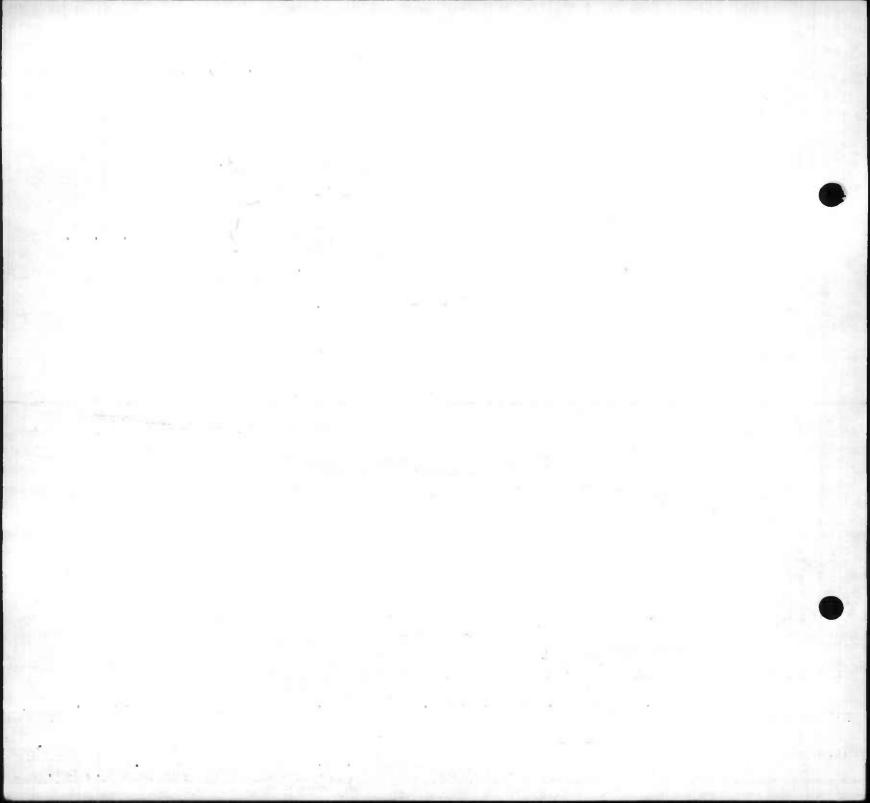
BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Baltimore. PSC. FUNERAL DIRECTOR & Sons Co. ADDRESS 212
H. W. Jenkins & Sons Co., Md. 258. NAME OF REGISTRAR

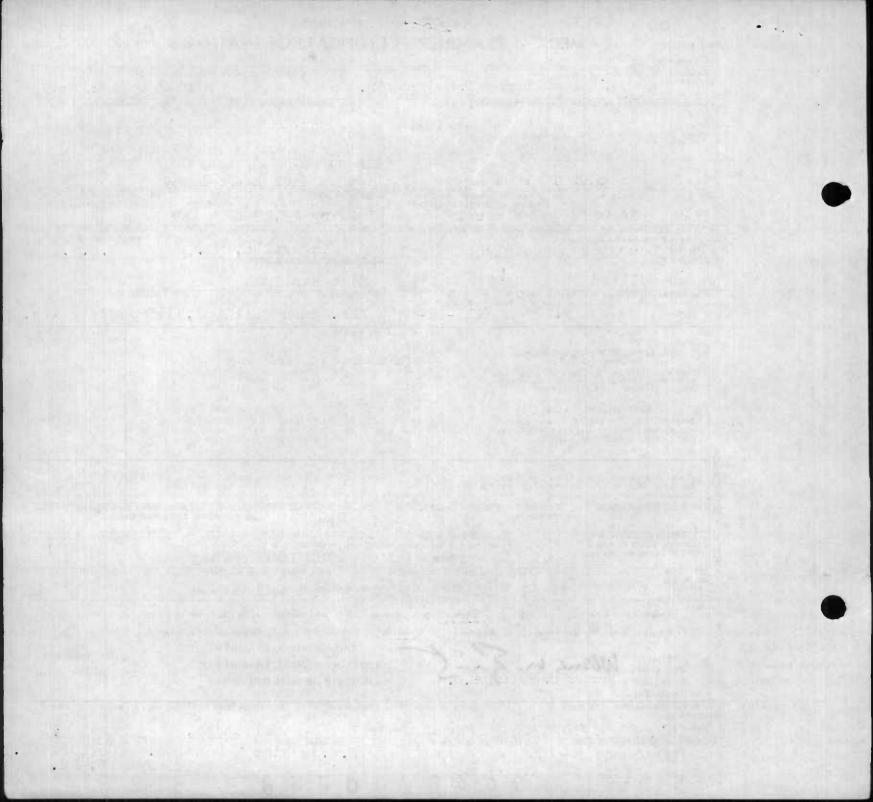
VS 150-REV. 1/1/65

BIRTH NO.



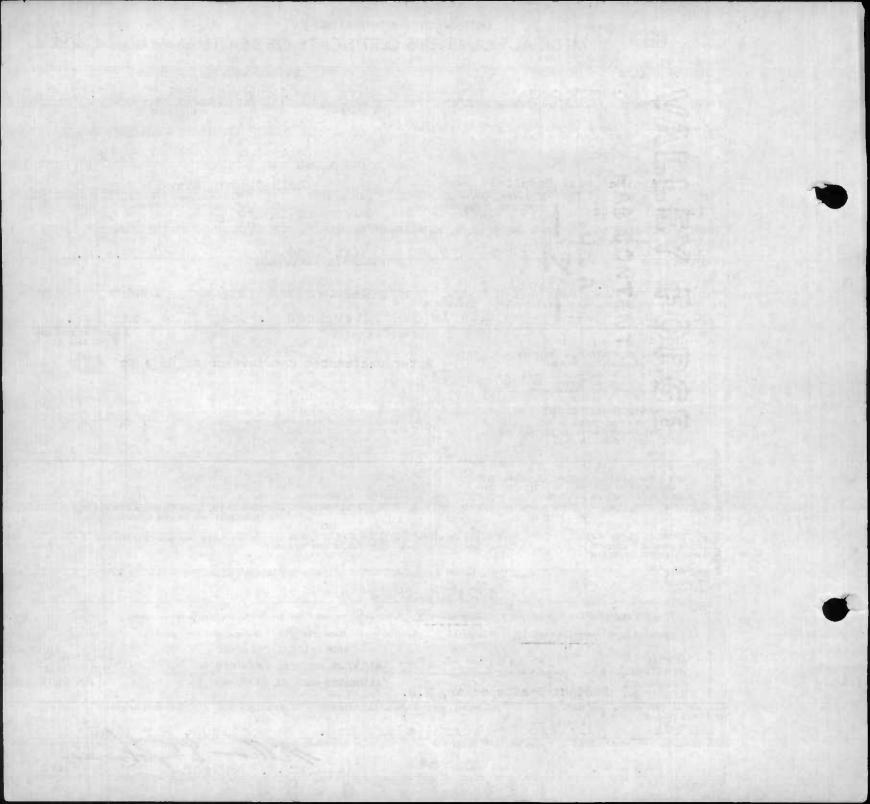
II 66 M0353

BIRTH NO.	MEDI		AMINER'S CI			DEATH Register	66 00353	
M.E. CASE NO.								
1. NAME OF D	ECEASED	Charle	s E. Holland,	Sr.	2. DATE AN	D HOUR PRONOUNCE		•
3. PLACE IN BA	LTIMORE, MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL R		deceosed lived. If insti	tution: residence before odmi	is sion)
FULL NAME O HOSPITAL OR INSTITUTION	F (IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITU	JTION, GIVE STREET	C. CITY OR	Maryland TOWN (If outside	e corporate limits, write	RURAL and give township)	
0				D STREET A	Baltimo:		7600	
	5102 Lo	destone	Wav	D. SIREET A		odestone Way		
5. SEX	6. RACE	7. MARRIED,	NEVER MARRIED	8. DATE OF		9. AGE (In years last birthdoy)	If Under 1 Yr. If Under 24 Months; Doys; Hours,	4 Hrs.
male	white		DIVORCED (specify)  WOD	Janua	ry 22,19	/	Ivonas Doys Hours	141111.
	CUPATION (Give kind of work of working lile, even if retired)	TOB, KIND OF	BUSINESS OR INDUSTRY				12. CITIZEN OF WHAT COUNTRY?	
Crane	Operator	Bethle	ehem Steel		ingsvill		U.S.A.	
13. FATHER'S N.	Holland				Harriga			
15. WAS DECEA	SED EVER IN U.S. ARMED		16. SO CIAL	17. INFORMA		111	ADDRESS	
(Yes, no or unkno	wn) (If yes, give wor or dote	s of service)	217-01-048	8 Mrs.	James Ph	nillips,33	4 Rossiter A	lve.
18.	97/X		CAUSE	OF DEATH			INTERVAL BETWO	
DISE	ASE OR CONDITION DI		Gunsho	t wound	of head			
(This doe	s not meen the mode of	dying, e.g.,	(A)DUE TO					
injuty of	ore, osthenio, etc. It meons complication which coused	deoth.)						
	ANTECENDENT CAUSE	S	(R)					
RISE TO	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE						### \$### ## ## ## ## ## ## ## ## ## ## #	
	YING CONDITION LAST.		(C)			*****		
OTHER S	II							
OTHER S	IGNIFICANT CONDITIONS  DEATH BUT NOT RE							
	OF OPERATION 198, CON		WHICH OPERATION	20 A. AUT	OPSY? (Yes of No)	20B. IF YES, WERE FIR	IDINGS CONSIDERED	
8 7	WAS PER				no	IN CERTIFYING CAUS	SES OF DEATH?	
21 A. EXTERI	AL CAUSE WAS	21 B.	PLACE OF INJURY (e.g., form, foctory, street,	in or obout 21 office bldg. IN	C. WHERE DID	(If in Boltimore City, gi	ve exoct location)	= =
B UTING □ C	AUSE OF DEATH.	etc.)	home		102 Lodes	stone Way		
21D TIME OF INJURY	(Month) (Doy) (Yeo	r) (Hour) 2	TE. INJURY OCCURRED	21	F. HOW DID INJ	JRY OCCUR?		
(APPROX.)	1 ? 66		WHILE AT NOT	WHILE X	shot self	in head		
22.	ertify that I held an I	nquiry 🗌	Inspection X Au	tapsy 🗌	and that an th	is basis, death in m	ny apinian	
	sulted fram: Natural ca		Accident Suicid	le 🔀 Ha	micide 🗌	Undetermined manne	er 🗌	
		-	7-1	CHIE	F MEDICAL EX	AMINER _	DATE SIGN	FD
SIGN	THE WWW.	4.3	M.D	ASSISTAN	T MEDICAL EX	KAMINER 🔀	DATE STOR	
EXAM	INER'S Werner U	. Spitz	, M.D.	ASSOCIAT	E MEDICAL E	XAMINER	1/11/66	
23A. BURIAL C		23	C. NAME OF CEMETERY	or CREMATOR	Y 23 D. L	OCATION (City,	town, or county) (Sto	ote)
Burial	- 1- 1	1966	New Cathe	dral	Ra.	ltimore,	Maryland	d
	D BY HEALTH DEPT.	24B. NAME	OF REGISTRAR	24C EL	INIERAL DIRECTOR		. ADDRESS	
JAN	12 1966 R.C.	w5 E. 4	Galbanta	H.W	.Jenkin	s & Sons C Balti	more 12, Md	
VS 151-REV. 1	/1/65 N S 4	K 77!	5 0 0	0	5 5 3			



DALTI	MACORE	CITY	LIEALTH	OED A	RTMENT

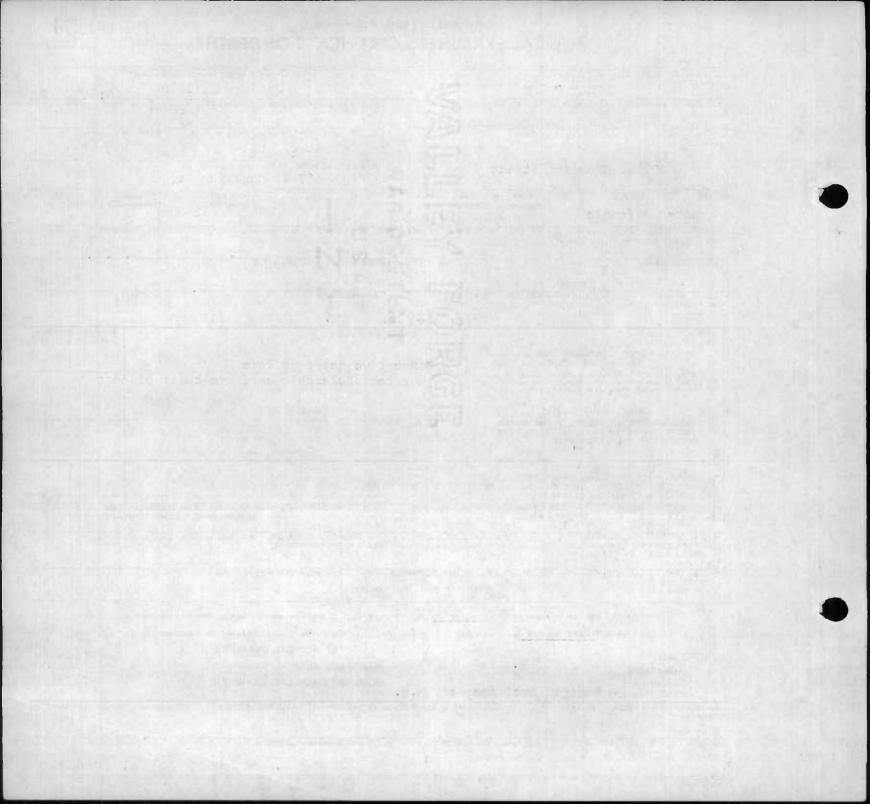
DIOT	4 NO 61	3 0035AED	ICAL EX	BALTIMORE CITY HEAL	TH DEPARTME	TE OF	DEATH Registre	ored No.S 00354
M.E.	CASE NO.	MILL	ICAL LA	AMII ALK 5 CI		IL OI	DLATTIKES	1100
1. N	AME OF DE	CEASED				2. DATE AN	ID HOUR PRONOUNC	ED DEAD
Пур	e ar Print)	CAROLYN C	АМР			Janu	ary 8, 1966	2:10 P M
3. PI	ACE IN BAL	TIMORE, MARYLAND, V		JNCED DEAD	4. USUAL RESI	DENCE (Where	deceased lived, If ins	titution: residence before admission
	S NIAME OF	HE NOT IN HOSPI	TAL OR INSTITU	ITION CIVE STREET	. 31A1E	Marylan		51411
HOS	L NAME OF	ADDRESS OR LOC	ATION)	JTION, GIVE STREET	C. CITY OR TO	WN (If autsid	le carparate limits, write	e RURAL and give township)
111431	TOTION					Baltimo	re	21-34
11/					D. STREET AD	DRESS (If rural,	, give lacation)	
		on Memorial					Glenarm Ave.	
5. SI	female	6. RACE white		DIVORCED(specify)	Novemb	oer 17,	9. AGE (In years last birthdoy) 90 69	If Under 1 Yr. If Under 24 Hrs Manths Days Hours Min.
				BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or foreig	gn cauntry)	12. CITIZEN OF
	Housew	working life, even if retired)	Home		Mary]	land		WHAT COUNTRY?
	ATHER'S NA		1101110		14. MOTHER'S	MAIDEN NAM	E	1 0 . 0 . 13
1 5	Steven	son A. Whi	tford		Elizak	eth St	reete	
15. V	VAS DECEAS	ED EVER IN U.S. ARME	D FORCES?	16. SO CIAL	17. INFORMANT		10000	ADDRESS
11	TO	(If yes, give wor ar do	les of service)	216 12 5846	Storor	acon M	Comp 178	4 Joan Ave.
	IB.				OF DEATH	TROTT W.	Camp IIO	INTERVAL BETWEEN
	4	2211		CAUSE	OF DEATH			ONSET AND DEATH
	DISEA	SE OR CONDITION D	HECTLY	Arteri	osclerot	ic cardi	iovascular d	isease
	DISEASES RISE TO TH	not meon the mode of control of the course o	ES ANY, GIVING	(B)DUE TO				
Z				(C)				
ERTIFICATION	TO THE	II  SNIFICANT CONDITIONS DEATH BUT NOT R OR CONDITION CAUSIN	ELATED TO T					
ERT		F OPERATION 198, CO	NDITION FOR	WHICH OPERATION	20A. AUTOPS	Y? (Yes or No)		NDINGS CONSIDERED
O	0	WAS PE	RFORMED		no		IN CERTIFYING CAU	SES OF DEATH?
	UNDERLYING	L CAUSE WAS OR CONTRIB- USE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., form, factory, street, o	n or obout 21C. ffice bldg., INJU	WHERE DID RY OCCUR?	(If in Baltimare City, g	ve exoct location)
	21 D TIME OF INJURY (APPROX.)	(Month) (Day) (Ye		VHILE AT NOT	WHILE	ILNI DID WOH	URY OCCUR?	
	22.			VORK L AT W				
		tify that I held an		Inspection X Aut	opsy	nd that on th	Is bosis, death in t	my opinion
	resu	Ited fram: Natural co	ouses X	ccident / Sulcide	Homie	cide	Undetermined mann	er 🗌
		17/1		7. V	CHIEF	MEDICAL EX	KAMINER .	DATE SIGNED
	SIGNAT		new	us way	ASSISTANT	MEDICAL EX	XAMINER X	DA! L SIGNED
	EXAMI	NER'S		necker, M.D.	ASSOCIATE			1-9-66
	BURIAL CR		23	C. NAME OF CEMETERY O	CREMATORY	23 D. 1	OCATION (City	, town, or county) (State)
11 -	Burial	1/10	2/66	LorrainePa	rk Cem.	La7	oodlawn, 1	Marvland
L		BY HEALTH DEPT.	/	OF REGISTRAR		RAL DIRECTOR	Oddiawii, 1	AODRESS -
		N 12 1966 QL		6.00 m	Will	Mill	con Z.	Johnso
Vs	151-REV. 1/1		1 13	/ / /3 /3	1 1111	lam E.	Johnson &	3521 Lodh Rave





RAITIM	OPE (	"ITV L	IEALTH	DEDAD	TAMENIT

SIRT	H NO.66	80356 _{MED}	ICAL EX	AMINER'S CI	ERTIFICATE OF	DEATH Registe	66 00306 ered No
M.1	CASE NO.		37 1400				
1. I	NAME OF DEC	CEASED				AND HOUR PRONOUNC	
,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	LILLY PF	ROM			anuary 8, 196	
3. P	LACE IN BALT	IMORE, MARYLAND, W	HERE PRONOU	NCED DEAD			titution: residence before odmission) UNTY
FUL HO INS	L NAME OF SPITAL OR TITUTION	(IF NOT IN HOSPIT, ADDRESS OR LOCA	AL OR INSTITU (TION)	TION, GIVE STREET	Marylar c. city or fown (If our Baltime	tside corporate limits writ	e RURAL and give township)
00	32	7 S. Conkling	Street		D. STREET ADDRESS (If re		000
5. S	EX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
	white	female	neve	er married	7/5/83	lost birthday	Months, Doys, Hours, Min.
		JPATION (Give kind of work working life, even if retired)	TOB KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
001.	home				Baltimore	. Md.	U.S.A.
13.1	ATHER'S NAM		100		Baltimore 14. MOTHER'S MAIDEN N	AME	- Va Da Aa
	WAS DECEASE	enry Pfrom D EVER IN U.S. ARMED		16. SOCIAL SECURITY NO.	Catherine 17. INFORMANT		
	no			213-36-296	Mrs. Doro	thy Blimlin	е
	DISEA	SE OR CONDITION DI LEADING TO DEATH			OF DEATH	1	INTERVAL BETWEEN ONSET AND DEATH
	(This does heart failure, injury or co	not mean the mode of , asthenia, etc. It means mplication which caused	dvina e.a.	DUE TO art	tive heart fai eriosclerotic	cardiovascula	r disease
	DISEASES RISE TO TH	INTECENDENT CAUSE OR CONDITIONS, IF A E ABOVE CAUSE (A) S NG CONDITION LAST.	NY, GIVING	(B).			
Z			PIRE	(C)	***************************************	*******************************	
ERTIFICATION	TO THE	II NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING	LATED TO TI				
CERT	19A. DATE OF	OPERATION 198. CON WAS PER		WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 208, IF YES, WERE FI	
EDICA	UNDERLYING	L CAUSE WAS OR CONTRIB- SE OF DEATH.	21 B. ( home, etc.)	PLACE OF INJURY (e.g., form, foctory, street, o	in or obout 21C. WHERE DII	O (If in Boltimore City, g	ive exact lacation)
Σ	21 D TIME OF INJURY	(Month) (Doy) (Yeo	r) (Hour) 2	E. INJURY OCCURRED	21 F. HOW DID I	NJURY OCCUR?	
	(APPROX.)		m. W	HILE AT NOT	WHILE ORK		
	22. I cer	tify that I held an I	nquiry 🗌	Inspection XX Aut	opsy ond that on	this bosis, deoth in	my opinion
	resu	ted from: Natural ca	uses X A	ccident Suicid	e Homicide	Undetermined monn	er 🗌
		1/1/	~ 1	-, /	CHIEF MEDICAL	EXAMINER	DATE SIGNED
	SIGNAT		Jug le	n lum, D.	ASSISTANT MEDICAL	EXAMINER X	
	EXAMIN NAME (	IER'S	Breite	necker, M.D.	ASSOCIATE MEDICAL	EXAMINER	1-9-66
	BURIAL CRE	MATION, 23B, DATE	230	C. NAME OF CEMETERY O	CREMATORY 23	D. LOCATION (City	r, town, or county) (Stote)
B	urial	1/12	166 (	Daklawn Cem		Baltimore.	Md
24/		BY HEALTH DEPT.	24B. NAME	OF REGISTRAR	24C. FUNERAL DIREC	TOR	ADDRESS
		- 2, 5 - 5 - 5		1 0	Joseph N.	Zannino, 2	63 S. Corlling
VS	151-REV. 1/1/	65	7	100	0 0 3 5	.5	



a hospital

cause

contributing

IMPORTANT

DIRECTOR:

(4) Undetermined

Such

death. ance

disposition is made.

or fina

embalmed regular

are

MEDICAL

Was

attendance

deceased

LO

attend prior to

in regular

death 00 M.E. CASE NO.

INSTITUTION

7:30

Hrs.

NAME OF DECEAS	D		
	VICTORIA		
ERTIFI	CATE	AMEN	IDED
FULL NAME OF	(If not in hospital	or institution, give	streel

oddress or location)

Baltimore City Hospitals 4940 Eastern Avenue

Baltimore, Maryland, #21224

JANUARY 8, 1966

		RESIDENCE		eceose	d lived	. If	institution	: res	idence	before	odn
A.	STATE	В.	COUNTY			1	many 1	3		40	
						7	what	100	Market 1	1 6	
	Mar	vland					(/	CS		) (	
C.	CITY O	RTOWN	(If outsid	e city I	imits, v	vrite	RURAL	ond	give to	wnship	)

Baltimore D. STREET ADDRESS (If rurol, give location)

3420 E. Lombard Street

2. DATE AND HOUR OF DEATH

5, SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH	lost birthdoy)	Months Doys Hours N
Fema		Married	12-11-1891	74 73	
	OCCUPATION (Give kind of wo	OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or 1	oreign country)	12. CITIZEN OF WHAT COUNTRY?
hou	sewife	home	Baltimore,	Md.	W.S.A.
13. FATHER!	NAME		14. MOTHER'S MAIDEN	NAME	

unk

15, Was Deceased Ever in U. S. Armed Forces (Yes, no or unknown) (It yes, give wor or dotes of service) no

17. INFORMANT 6. SOCIAL SECURITY NO.

ADDRESS

BCH, 4940 Eastern Ave., RECORDS: CAUSE OF DEATH ONSET AND DEATH

	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH							
	does not mean failure, asthenia,							

injury ar camplication which caused death.)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE O	F OPERATION	198. CONDITION	WHICH	OPERATION

20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21 A. ACCIDENT WAS UNDERLYING	21B, PLAC
OR CONTRIBUTING CAUSE OF	home, ton
DEATH (notily medical examiner)	etc.)

E OF INJURY (e.g., in or obout 21 C. WHERE DID m. foctory, street, office bldg., INJURY OCCUR?

(If in Boltimore City, give exact location)

OF INJURY	(Month)	(Doy)	(Yeor)	(Hour)
(APPROX.)				

21E, INJURY OCCURRED Not While While At At Work

21 F. HOW DID INJURY OCCUR?

22.	1	certify	that	(1) (1	his	haspital)	attend	ed	the	deceased	
that	(	1) (we)	last	saw	the	deceased	alive	an		/-	- 8

1965 to 19 6 and that in (my) (aur) opinion death occurred on the date

and have and from the causes stated above, (I) (We) (did) (did nat) view the bady after death.

23A. SIGNATURE	11	001	
	1-1	11/12-	
	Man	11 1 min	
23C. PHYSICIAN'S	7		Т

Attending Phys. 23D. ADDRESS Med. Director 23 B. DATE SIGNED

ADDRESS

NAME (Type) DR. JOHN R. BURTON

24C. NAME of CEMETERY OF CREMATORY

4940 Eastern Avenue, Baltimore, Md., #21224 24D. LOCATION

24A. BURIAL GREMATION, 248. DATE REMOVAL (Specify)

6 Holy Rosary Cem

Baltimore, Maryland

25A DATE REC'D BY HEALTH DEPT. 256
25A 12 1966 (R) (7)

Joseph N. Zannino 263 S. Conkling

V\$ 150-REV. 1/1/65

physician obtained before the remains accident of any nature; (2) Body burns; FUNERAL No physician to the hospital (9) hospital death) must approval 0 prior to was D.O.A. eceased

23A. BURIAL CREMATION, REMOVAL (Specify)

BUVILL 1/15/

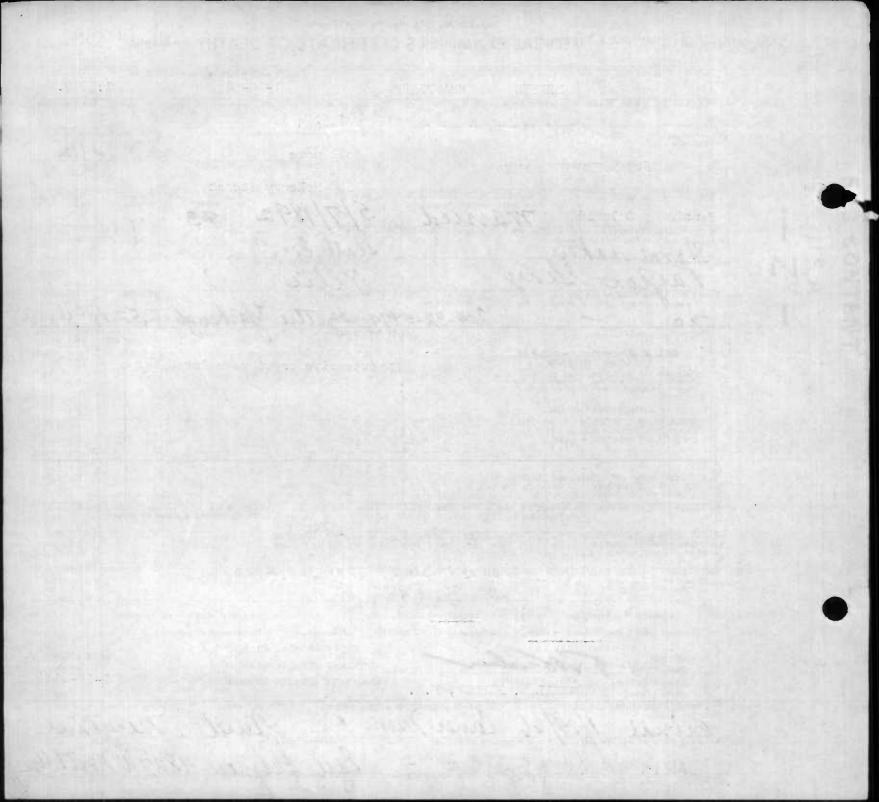
	HEALTH DEPARTMENT
BIRTH NOSO MEDICAL EXAMINER'S	CERTIFICATE OF DEATH Registered No. 10358
M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print)  MILLIE  CHANDLES	R 2. DATE AND HOUR PRONOUNCED DEAD 1:30 P.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admissing the state of the state o
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY Of TOWN (If outside corporate limits, write RURAL and give township)  Baltimore
2520 McHENRY STREET	D. STREET ADDRESS (If rurol, give locotion) 2520 McHenry Street
Female Colored 7, MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	B. DATE OF BIRTH  9. AGE (In yeors   If Under 1 Yr. If Under 24 Hours   Months Doys Hours   Mir
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDU	USTRY 11. BUTHPLACE (Stote or foreign, country)  12. CITIZEN OF WHAT COUNTRY?
Parton Glay	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown), (If yes, give wor or dotes of Gervice)  234-32-5	17. INFORMANT ADDRESS ADDRESS STATE HENR
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meon the mode of dying e.g., heart failure, asthenia, etc., tt means the disease, injury or complication which coused death.)	Hypertensive cardiovascular disease
ANTECENDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST,	
Z (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
ZIA, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21B. PLACE OF INJURY (home, form, foctory, street)	(e.g., in or about 21C, WHERE DID (If in Boltimore City, give exact location) eet, office bldg., INJURY OCCUR?
21D TIME (Month) (Doy) (Year) (Hour 21E, INJURY OCCUR OF INJURY (APPROX.)	RED 21F, HOW DID INJURY OCCUR?  NOT WHILE AT WORK
22. I certify that I held on Inquiry Inspection	Autopsy and that on this basis, death in my opinion
ACTUAL SIGNATURE STOCKER	CHIEF MEDICAL EXAMINER ADATE SIGNED
EXAMINER'S RUSSELL S. FISHER, M.D.	ASSOCIATE MEDICAL EXAMINER 1-10-66

23C. NAME of CEMETERY or CREMATORY

248, NAME OF REGISTRAR

23D. LOCATION

(City, town, or county)



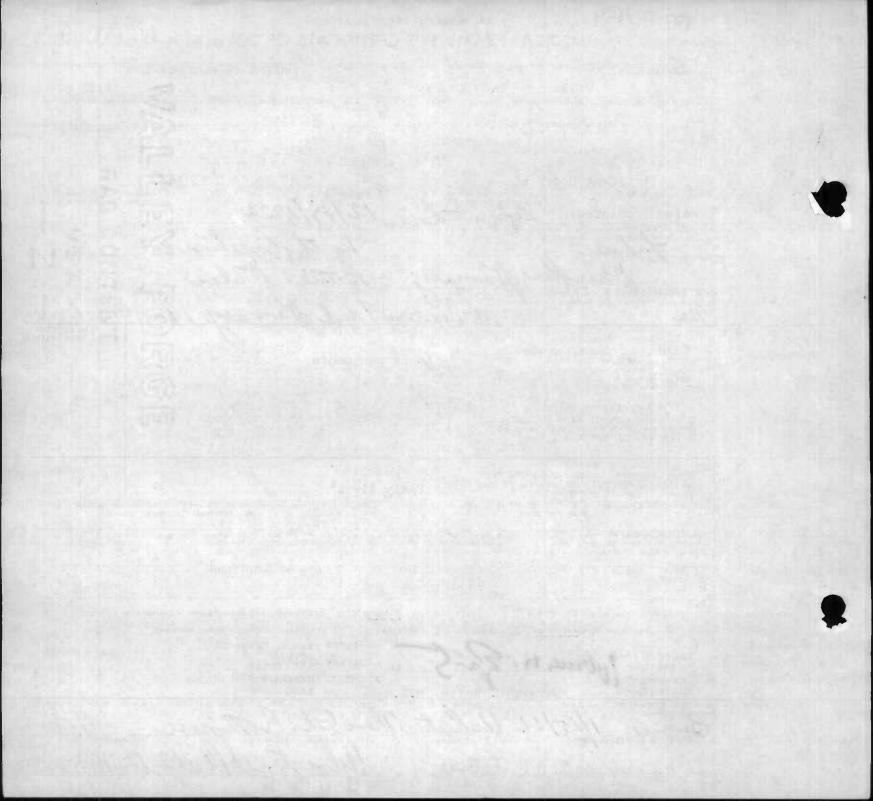
Burial 11/3
24A. DATE REC'D BY HEALTH DEPT.

VS 151-REV. 1/1/65

24B, NAME OF REGISTRAR

	66 (	00359		BALTIMORE CITY HEAL					
BIR	TH NO.	MEDI	CAL EX	KAMINER'S C	ERTIFIC	ATE OF	DEATH Registe	red No.	10359
M.	E. CASE NO.		-						
1.	NAME OF DE	CEASED				2. DATE AN	D HOUR PRONOUNC	ED DEAD	
		Willia					1/11/		1:25 a. M
3. F	LACE IN BAL	TIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL R	ESIDEN CE (Where	deceased lived. If inst	tution: reside	ence before admission
HO	LL NAME OF	(IF NOT IN HOSPITA ADDRESS OR LOCA	L OR INSTITUTION)	UTION, GIVE STREET	C. CITY OR	Maryland	le corparate limits, write	RURAL and	d give township)
6						Baltimo		14-	03
7					D. STREET A	DDRESS (If rurol,			
		rovident Hosp		ALFLIED ALABOIED	D DATE OF		uid Hill Av		1 7 1/ 11 1 0/ 11
5. \$	male	colored		DIVORCED (specify)	B. DATE OF	19/192	9. AGE (In years last birthday) 43		1 Yr. If Under 24 Hrs Pays Hours Min.
		orking fife, even if retired)	108. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLA	CE State or foreign	on country)	12. CITIZEN WHAT	OF COUNTRY?
13.	FATHER'S NAM	ME /	) A	,	14. MOTHER	MAIDEN NAM	En .	1	
		Arugla	s D	emary	1900	Tio, de	Tales.		
		D EVER IN U.S. AMED		16. SOCIAL	17. INFORMA	NT	0-000	ADDRESS	4
(Yes	na orunknows	(If yes, give wat or date	s of service)	2.31-14-3844	Fred	LDen	nasy 14	08%	masker &
	1B	) X		CAUSE	OF DEATH		1		INTERVAL BETWEEN
	DISEA	SE OR CONDITION DI	RECTLY						ONSET AND DEATH
		LEADING TO DEATH		(A)	pneumon	ia			
	heart failure injury or ca	not meen the mode of , osthenio, etc. It meens mplication which caused	the disease, death.)	DUE TO					
		ANTECENDENT CAUSE	s						
	DISEASES RISE TO TH	OR CONDITIONS, IF A E ABOVE CAUSE (A) ST	NY, GIVING	(B) DUE TO		••••••	••••••	•••••••••••••••••••••••••••••••••••••••	
Z				(C)					
E		II							
ERTIFICATION	TO THE	NIFICANT CONDITIONS DEATH BUT NOT REL R CONDITION CAUSING	ATED TO T		liver				
CERI	19A. DATE O	OPERATION 198, CON WAS PERI		WHICH OPERATION		PSY? (Yes or No)	20B. IF YES, WERE FII IN CERTIFYING CAUS		
EDICAL	UNDERLYING	CAUSE WAS OR CONTRIB- ISE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., e., farm, foctory, street, c	in ar about 21	C. WHERE DID	(If in Boltimore City, gi	ve exact loc	otian)
Σ	21D TIME OF INJURY (APPROX.)	(Manth) (Doy) (Year		WHILE AT NOT AT W	WHILE	F, HOW DID INJU	URY OCCUR?		
	22.	tify that I held an I			apsy 🗓	and that an th	is basis, death in m	v apinian	
		Ited fram: Natural cau		Accident Suicid			Undetermined manne		
	ACTUA		h 6	7-6		F MEDICAL EX			DATE SIGNED
	SIGNAT	ER'S	V ( - C			T MEDICAL EX		1/1:	1/66
234	NAME (	110	rner U.	Spitz, M.D.	CREMATOR	230 1	OCATION (City,	town, or co	ounty) (Stotel)
	MONAL (Special		11. 1	1.11 4	M	21 0		.3, 0, 00	2-1

ADDRESS



written approval must be obtained before the remains are embalmed or final disposition is made.

deceased prior to

25A. DATE REC'D BY HEALTH DEPT.

VS 150-REV, 1/1/65

25B. NAME OF REGISTRAR

was D.O. shows:

Such

death.

prior

M.E. CASE NO.

FULL NAME OF

Female

13. FATHER'S NAME

6. RACE

done during most of working life, even if retired) School Teacher

White

INSTITUTION

5. SEX

ALICE

(Type or Print)

on the

attendance

and

a hospital

cause of death

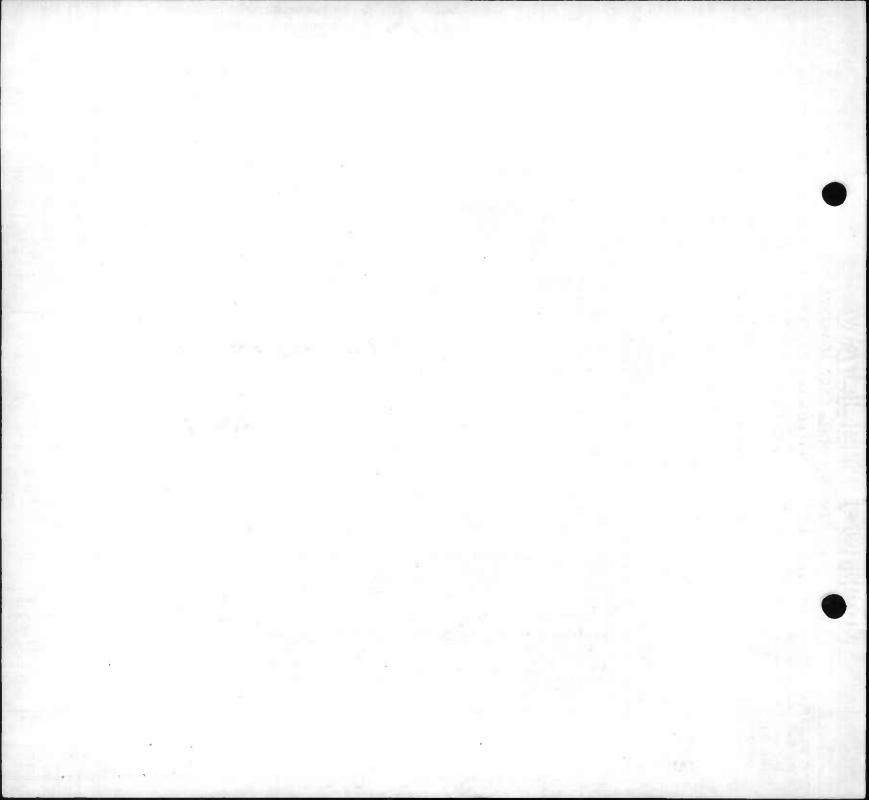
Charles Caspari		Leslie Heineken		
15, Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) NO	6. SOCIAL SECURITY NO.	17. INFORMANT Miss Harriett	Caspari	ADDRESS 701 W. Lake Ave. (10
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the made all dying, e.g., heart failure, asthenia, etc. II means the disease, injury ar complication which caused death.)  ANTECEDENT CAUSES	(A) (B) (B) DUE TO	ge DEATH Pute pulman Toxary after	ny Ed Hosolin	ema 48 hrs
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	(C)		A	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  194. DATE OF OPERATION 198. CONDITION FOR WILLIAMS WAS PERFORMED	Chronic HICH OPERATION	Lymphotic JOA. AUTOPSY? (Yes or		mua 2 years
₩ U 21A. ACCIDENT WAS UNDERLYING 21B, P	LACE OF INJURY (e.g., lorm, foctory, street,	, in or obout 21C. WHERE DID office bldg., INJURY OCCUR?		timore City, give exact location)
₩ OF INJURY	At Mot W		HJURY OCCUR?	0- (1
22. I certify that (I) (this heapital) attended the that (I) (was) last saw the deceased alive an and have and from the causes stated above. (I)	Janue	1019 65 and		point death accurred an the date
23 A. SIGNATURE  LILLOGIA  23 OF PHYSICIAN'S NAME (Type)	M.D.	Attending Med. Director 23D. ADDRESS	Staff Phys.	23B, DATE SIGNED / -/0 6
REMOVAL (Specify)	ME of CEMETERY or C		Baltimor	(City, town, or county) (State)

25C. FUNERAL DIRECTOR

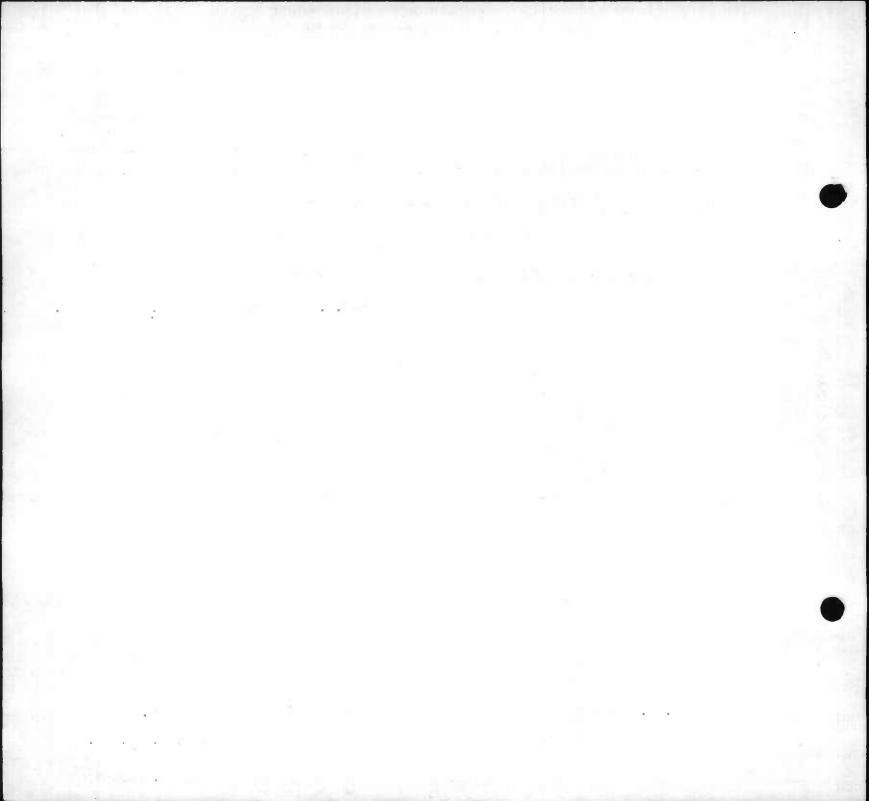
ADDRESS

St. Paul & Preston Sts.

VS 150-REV. 1/1/65



00 000		HEALTH DEPARTMENT		
BIRTH NO. 66 0036	CERTIFICA	TE OF DEATH	Registered Na	66 00362
T.NAME OF DECEASED	, ,	2. DATE A	ND HOUR OF DEATH	
hoppingo	hneider.		1-12-66	10:50 A
PLACE OF DEATH IN BALTIMORE, MARTLAN	5	4. USUAL RESIDENCE (Wh		stitution: residence before admissi
FULL NAME OF (If not in hospital or insti	tution, give street	Marylo	nd	7-04
HOSPITAL OR address or location) INSTITUTION		C. CITY OF TOWN	utside city limits, write	RURAL and give township)
3		D. STREET ADDRESS (A	morE	# 7/230
e 11 p 11.	1 1/20	D. STREET ADDRESS (A	rurol, give locotion)	1.11.01
South Baltimore or	ARRIED, NEVER MARRIED	120 K	9. AGE (In years	all st.
	DOWED, DIVORCED (specify)	* 10	lost birthdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min
DA U SUAL OCCUPATION (Give kind of work 10 B. KI	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or form	6 Z	12. CITIZEN OF
one during most of working life, even if retired)	· D	10	1 1	WHAT COUNTRY?
/f	ouse wite.	/1/0	pyland.	USA
3. FATHER'S NAME	1/	14. MOTHER'S MAIDEN NA	ME	
Julius Yo	nKe.	Wilhe	lmina. K	intop
5. Was Deceased Ever in U. S. Armed Forces? (es, no ar unknown) (If yes, give war or dates of se	T6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No		Fred. W. Schneid	der 120	E. Randall St.
18. //20 /	CAUSE O		-5-	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH	m Ac	ule Murcardi	al Interv	Lian
(This does not mean the mode of dying,	e.g., DUE TO	7000		
heart failure, asthenia, etc. It means the di injury or complication which caused death,	sease,	6 - 6		
ANTECEDENT CAUSES	(B) /	u te Myocardi. SCVD.		
	DUE 10			
DISEASES OR CONDITIONS, if any, rise to the obove cause (A) stating				
UNDERLYING CONDITION lost.	***************************************			
11				
OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING O THE			
DISEASE OR CONDITION CAUSING IT.	FOR WHICH OPERATION	120 A ALLTOBOVS /V AL	all 208 IE Wee 111822	INDINGS CONFIDENCE
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME	D OF WHICH OPERATION	20 A. AUTOPSY? (Yes or N	IN CERTIFYING CA	USES OF DEATH?
	218. PLACE OF INJURY (e.g., i	n or obout 21 WHERE DID	(If in Boltimore	City, give exact location)
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	hame, form, factory, street, a	ffice bldg., INJURY OCCUR?	111 #011111016	
2				
OF INJURY		21F. HOW DID IN	JURY OCCUR?	
(APPROX)	While At Not While At Work			
22. I certify that **(this hospital) offer	nded the deceased fram	1-8	19 6 6 to	1-12 196
that (we) last saw the deceased oliv			hat in (Size) (aur) and	nian death accured an the
				man death decolled on the
and hour and from the causes stated abo	ove. (I) (me) (did) (did nat) v	riew the body after death.		DAR DATE CLOSES
1 1 1 1	M.D. AH	ending Med.	Stoff	23 B. DATE SIGNED
The 1. Hargran		s. Director	Phys.	1-12-66
23C. PHYSICIAN'S NAME Dype		23D. ADDRESS		
	M.D.	South Paltimen	Company II.	
4A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CR	South Baltimore	OCATION (Ci	STO
Burkal 1 15 66	Cedar Hill			
	AME OF REGISTRAR	25C. FUNERAL DIRECTO	cooklyn, A. A	A. GO. MQ.
18314 - 4000 0	> 2° 0	40 4 50		
JAN 1 3 1966 () 0 16 8	sta walls	Mc Cully .	130 1	E. Fort Ave
VS 150-REV. 1/1/65	O W W	1 0 0 1		



legge

BALTIMORE CIT	Y HEALTH DEPARTMENT	()()
	ATE OF DEATH Registered No.	00364
I, NAME OF DECEASED	2. DATE AND HOUR OF DEATH	
(Type or Print) DRAGOS, JAMES F. SR	1-12-66	5:40A M
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institu	ition: residence before admission)
	A. STATE B. COUNTY MARYLAND	1/1
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)	C. CITY OR TOWN (If outside city limits, write RUR	Al and hive township)
INSTITUTION		F 25 52-00
ST. AGNES HOSPITAL	D. STREET ADDRESS (If rurol, give locotion)	E 25
	516 OLD RIVERSIDE RO	AD
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	Under 1 Yr. , If Under 24 Hrs.
MALE WHITE WINGWER PLANCED (specify)	3-2-21	onths Doys Hours Min,
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country)	2, CITIZEN OF
done during most of working life, even if refired)  SALESMAN/Manager Supreme Furn.Co.	MARYLAND	WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
ATTALIEU.	ANNA KENNEDY	
		ADDRESS
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)  Yes	ST. AGNES RECORDS -CATO	N & WILKENS AV
IB. 3 2 7 1	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	7	ONSET AND DEATH
LEADING TO DEATH	unan infiltration in upps and un les of Demig Skook mendary & (A)	da
(This does not meon the mode of dying, e.g., DUE TO Heart foilure, osthenio, etc. It meons the disease,	Kn Rumin	4
injuty of complication which coused death.)	Charle worden to (D)	
ANTECEDENT CAUSES (B)	sires mesiaces ) is A	
DISEASES OR CONDITIONS, if ony, giving	/	
rise to the obove couse (A) stoting the (C) UNDERLYING CONDITION lost,		
11		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINI	
	III CERIT INO CAUSE	3 OF BEATH!
OR CONTRIBUTION CAUSE OF	in or obout 21 C. WHERE DID (If in Boltimore Cooffice bldg., INJURY OCCUR?	ity, give exact location)
DEATH (notify medical examiner) etc.)		
D 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.) While At Not Wh	nile	
Work At Wor		IIADV 10 66
22. I certify that (I) (this haspital) attended the deceased fram	JANUARY 11 19 10 JAN	UARY 12 19 66,
that (I) (we) last saw the deceased alive an JANUARY 12	19 66 and that in(my) (aur) apinia	n death accurred on the date
and haur and from the causes stated abave. (1) (We) (did) (did nat)	view the bady after death.	
23A. SIGNATURE	23	B. DATE SIGNED
	ttending Med. Staff Phys. Phys.	1/12/06
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS	1-1-
M.D	0.	
24A, BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of C	REMATORY 24D. LOCATION (City,	lown, or county) (State)
REMOVAL (Specify)		
Burial   1/15/66   Holy Rosary Cer	n. Dundalk, Md.	ADDRESS
1011	- Jerichulty	73
JAN 13 1966 P.O. A. 2 J. O. M.	// Cu//4 Funeral Home	237 PatapscoAye.
VS 150-REV. 1/1/65	0368	0

and the felt of the state of th PERSONAL PROPERTY. And the state of t .9- 1 1 7 6 7

			Y HEALTH DEPARTMENT	20	00005
BIRTH NO. M.E. CASE NO.	66 00365	CERTIFICA	TE OF DEATH	Registered Na	<u>: UU355</u>
1. NAME OF DECEASE	CARRIE M.	BROWN	2. DATE AN	M 10,196	6 33°P. M.
3. PLACE OF DEATH	IN BALTIMORE, MARYLAND	1/17/		e deceased lived. If institu	ution: residence before admission)
CERMIFI	CIFA in ho bitol of and	ENDED 14	MD,	1	2-11
HOSPITAL OR INSTITUTION	address or location	IENDED	C. CITY OR TOWN (If out	side city limits, write RUR	AL and give township)
* 0		MAL HAME	BALTO		
CENT	WAY NURS	The Home		rurol, give location)	
			3820 ELA	H. AVE	
FEMALE	NHITE W	RIED, NEVER MARRIED OWED, DIVORCED (specify) 1100 WED	7/7/14	lost birthdoyl	f Under 1 Yr. If Under 24 Hrs. Lonths Doys Hours Min.
done during most of worki		D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	2. CITIZEN OF WHAT COUNTRY?
	•		MO,		11 S A
13. FATHER'S NAME	0		14. MOTHER'S MAIDEN NA	ME	no://
	7			?	
(Yes, no or unknown) (If	r in U. S. Armed Forces? yes, give wor or dates of ser	security No.	17. INFORMANT		ADDRESS
NO			RODERTE, BA	own 3820	ELM AVE,
18. 1. 2 2	1 1	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	R CONDITION DIRECTLY	Ca	Air A.	A 20	a distribution
	DING TO DEATH neon the made of dying,	(A) DUE TO	rdis-Respusa feurolunta	my Taven	±C
heart failure, asth	enia, etc. II means the dis		feundunte	E & O (41)	
	ation which caused death.) ECEDENT CAUSES	(B) Ce	. artins	clemis	
	CONDITIONS, if any, g	DUE TO	•		
	bave couse (A) stoling		relitz.		
UNDERLYING CO	ONDITION lost.		)		
	NT CONDITIONS CONTRIB				
II = IO INC DEAL	H BUT NOT RELATED TO	THE			
U 19A. DATE OF OPI	TATION 198. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	10 20B. IF YES, WERE FIN	DINGS CONSIDERED S OF DEATH?
OR CONTRIBUTION	VAS UNDERLYING	21B. PLACE OF INJURY (e.g., home, form, foctory, street,	in or obout 21 C. WHERE DID	(II in Boltimore C	ity, give exact location)
DEATH (notify med		etc.)	mice blog., Histori Occor.		
21D. TIME (M	onth) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
S OF INJURY		While At Not Whi			
22 1	(1) (1) 1 - 1 - 1 - 1 - 1 - 1	Work At Work		196510 JB	210 1066
		ded the deceased from D	66		······································
	t saw the deceased alive			at In(my) ( <del>oor)</del> apinio	n death accurred an the date
	m the causes stated aba	ve. (I) (Westerd) (did not)	view the bady after death.		
23A/SIGNATURE	& Cexpe	fur M.D. Att	ending Med.	Stoff Phys,	B. DATE SIGNED
23C. PHYSICIAN'S NAME (Type)			23D. ADDRESS		. n
Willon	D Applet	EZ ? M.D.	5501 Var.	K Height	5 //
24A. BURIAL CREMAT REMOVAL (Speci	ION, 248. DATE 2	4C. NAME of CEMETERY OF CR	EMATORY 24D. LO	OCATION (City,	town, or county) (State)
BURIAL	1/13/66	MTZION	F	REELANDS	S.MD.
	HEALTH DEPT. 258. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
JAN 1	3 1986 (P. a. Fr	E Farkwall	Daul E. C.	enowell?	17 chestrul A.
VS 150-REV. 1/1/65	The state of the s	- t- t-4	0009	76	0,70

Policy No. # 105363604 - Come 17. Brown - Met. Life hos co. date 3/31/30 age next hothery 57 (date of hoth in 1473)

VS 150-REV. 1/1/65

Such

	11	MANUEL A	1388	BALTIMORE CITY	HEALTH DEPARTMEN	TVG	6 00366 4
		06794660	0.000	CERTIFICA	TE OF DEATH	H Registered No.	6 00366
1,1	E. CASE NO.				2. DATI	E AND HOUR OF DEATH	
(Ty	pe or Print)	WEBER, E	BABY BO	Υ	JA	ANUARY 10, 1	1966 7:10A.
		TH IN BALTIMORE, MA			4. USUAL RESIDENCE ( A. STATE B. C. MARYLAND	Where deceased lived, II i	institution: residence before odmission)
11	FULL NAME O HOSPITAL OR INSTITUTION	F (If not in hospital oddress or tocatio		give street	C. CITY OR TOWN		RURAL ond give township)
	7)	ST. AGNI	EC HUCE	IATI	GLEN BURN D. STREET ADDRESS	(Il rurol, give location)	52-00
H		SI. AGIVE	1031	LIAL	424 STIEM		
5.	SEX	6. RACE	7. MARRIED.	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
11	IALE	WHITE	NEW	BORN (specily)	1-10-66	lost birthdoyl	Months Doys Hours Min. 5 49
		JPATION (Give kind of wor working life, even if retired)	k 108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State of	foreign country)	12. CITIZEN OF WHAT COUNTRY?
	NEW BOI				MARYLAND		U.S.A.
13.	FATHERS NAM	AE	1		14. MOTHER'S MAIDEN	NAME	
	<b>JOSEPH</b>	WEBER			LOIS BATH	HATE	
15.	Was Deceased	Ever in U. S. Armed Fo	rces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
1,16	No	(If yes, give wor or dote	es or service)	SECURITY NO.	ST. AGNES H	OSPTTAL REC	CORDS
	18. 17 /	2.3T		CAUSE O			INTERVAL BETWEEN
		E OR CONDITION DI			Taratuit	2	ONSET AND DEATH
		al meon the made of		(A) DUE TO	2 manual de	7	
	heart failure,	asthenia, etc. It means optication which caused	s the disease,	(	Immatunt Orgenital	atelectaus	
	1	ANTECEDENT CAUSES	5	(B)	A	***********************	
		R CONDITIONS, if					
		Obave cause (A)	sloling lhe	(C)	***************************************		
		П					
ATION	OTHER SIGNI TO THE DI DISEASE OR	FICANT CONDITIONS ( EATH BUT NOT REL CONDITION CAUSING	ATED TO TH				
CERTIFICA		OPERATION 198. CON WAS PER	NDITION FOR V	WHICH OPERATION	20 A. AUTOPSY? (Yes		FINDINGS CONSIDERED AUSES OF DEATH?
AL	OR CONTRIBU	NT WAS UNDERLYING DING CAUSE OF medical examiner	21 B. hom etc.	e, form, loctory, street, o	n or obout 21 C. WHERE DI	D (II in Baltimo	re City, give exoct tocotion)
0	21 D. TIME	(Month) (Doy) (Year)	(Hour) 21 E,	INJURY OCCURRED	21 F. HOW DID	INJURY OCCUR?	
ME	(APPROX.)			ile At Not Whil			
		1 (1) (1)	Wo			10 66 to JA	ANUARY 10 10 66
				JANUARY 10	66		
		lost saw the deceas					vinion death occurred on the date
			ited obove. (I	) (We) (did) (did not)	view the body ofter dec	oth.	
	23A. SIGNATU	Ph.		M.D. Alle	ending Med.	Stoff Phys.	1-10-66
	23C. PHYSICVA	race . my	myou	Phy	23D. ADDRESS	Phy s. LA	#29
	NAME T	GRACE F	AYUYA	•	ST. AGNES H	OSPITAL; CAT	TON & WILKENS AVE
24	A. BURIAL CRE	MATION, 24B, DATE	24C. N	AME of CEMETERY OF CR			City, town, or county) (State)
	Burial	1-12-19	966 Hall	y Cross Cemet		A.A. Co., Mar	
25		BY HEALTH DEPT.		of REGISTRAR	25C. FUNERAL DIREC		ADDRESS

George J. Gonce, 4001 Ritchie Hgwy.

Baltipore, Md.

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the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. if the direct or contributing cause a the remains are embalmed or final disposition is made IMPORTANT FUNERAL DIRECTOR: written approval must be obtained befor

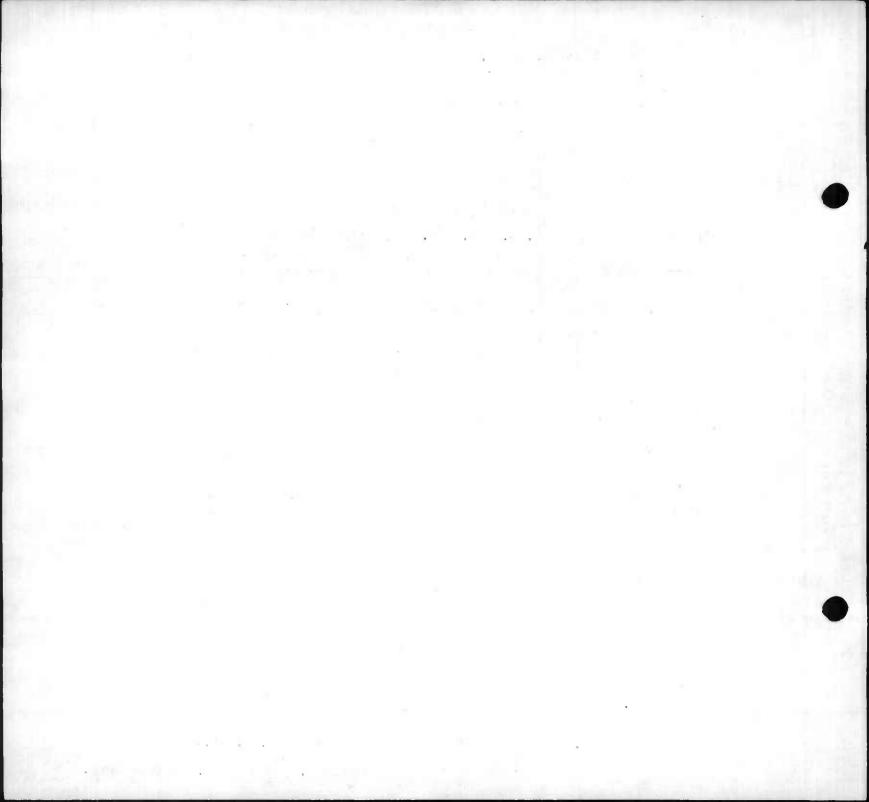
Such

		BALTIMORE CIT	Y HEALTH DEPARTMENT	V	
	BIRTH NO. 66 00	367 CERTIFICA	ATE OF DEATH	Registered No. 66	00337
	M.E. CASE NO.			OUR OF DEATH	
	(Type or Point) FLEMING	Guy C.	/-	10 - 66	8:45 Am.
	3. PLACE OF DEATH IN BALTIMORE, MAR	RYLAND	4. USUAL RESIDENCE (Where de A. STATE B. COUNTY	iceosed lived. If institutions	residence before admission)
	FULL NAME OF HOSPITAL OR oddress or location	or institution, give street	C. CITY OR TOWN (II outside	city limits, write RURAL on	nd give lownship)
4	LUTHERAN AC	OSP. OF MARYU	D. STREET ADDRESS (If rurol)	E give location)	52-00
	r		226 EDGE 0	ALE RD.	
	5. SEX 6. RACE WHITE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily)		GE (In years II Under birthday) Months	er 1 Yr. II Under 24 Hrs. Doys Hours Min.
	10A, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or loreign	ountry) 12. CIT	IZEN OF
	Programmer	U. S. Soc. Sec.	Pennsylvania		494
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	Fleming		unknown		
	15. Was Deceased Ever in U. S. Armed Ford (Yes, no ar unknown) (II yes, give war ar dates	s of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	Yes WWII	189-07-2292	ALMA FLEG	dINA	SAME
	18. 1.4. 4. V 1		OF DEATH	-1101	INTERVAL BETWEEN
	DISEASE OR CONDITION DIR	ECTLY			ONSET AND DEATH
	LEADING TO DEATH	(A) C	ARCINCINA O	THE	
	(This does not meon the made of hearl failure, asthenia, etc. It means				
	injury ar complication which caused		RECTUR WIT	12 1 100 00 1	Plinaria
	ANTECEDENT CAUSES	DUF TO	RECIUM WIT	H MEIAT	3 40/1/17
	DISEASES OR CONDITIONS, if a rise to the above couse (A) UNDERLYING CONDITION last.	any, giving stating the (C) \$7	AGIS TO LIVER		
	11				
	OTHER SIGNIFICANT CONDITIONS CONTROL TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING IT	TED TO THE			
		DITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 21	B. IF YES, WERE FINDINGS CERTIFYING CAUSES OF	CONSIDERED DEATH?
2	OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	21B. PLACE OF INJURY (e.g., home, lorm, foctory, street, etc.)	in or about 21C. WHERE DID olfice bidg., INJURY OCCUR?	(II in Boltimore City, gi	ve exoct locotion)
	O 21D. TIME (Month) (Doy) (Year)	(Hour 21E, INJURY OCCURRED	21F. HOW DID INJURY	OCCUR?	
	(APPROX)	White At Not Wh			
	22. I certify that (I) (this hospital)	) attended the deceased fram	1-9-08 19	66 ta 1 -	19 66.
	that (I) (we) last saw the decease	1 /	9 66 and that i	n(my) (aur) apinian dec	
	and haur and from the causes state			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	23A. SIGNATURE	/7		23B. DA	TE SIGNED
3	Jahlia 6	Lurjada M.D. A		s. 4	1-10-66
5	23 C. PHYSICIAN'S NAME (Type)	J	23D. ADDRESS		
2	MORTON	KRIE GER M.D			
3	24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF C	REMATORY 24D. LOCA	TION (City, town,	or county) (Stote)

Jan. 12, 166 Glen Haven Memorial Park A.

HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR

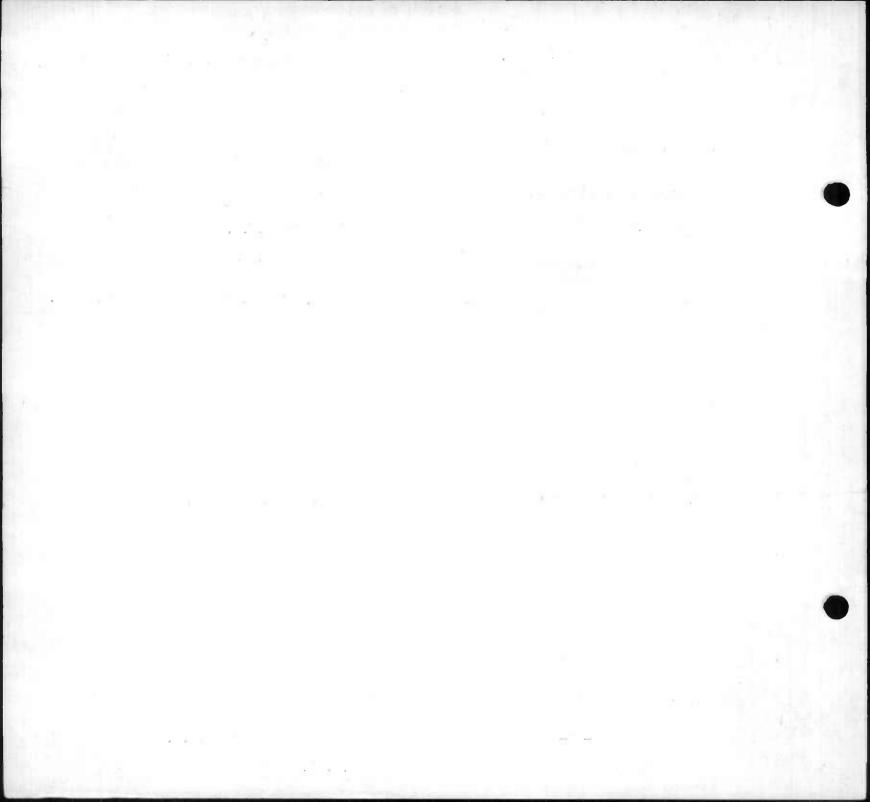
George J. Gonc Co., Maryland ADDRESS 1966 George J. Gonce - 4001 Ritchie Hgwy. (25) VS 150-REV. 1/1/65



## FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such

	00 000	BALTIMORE CITY	HEALTH DEPARTMENT	
	TH NO. 66 0036	CERTIFICA		66 00368
(Тур	PLACE OF DEATH IN BALTIMORE MARYLAND	· RRINKEY	2. DATE AND HOUR OF DEATH  / - / 0 - 66  [4. USUAL RESIDENCE (Where deceased lived, If	1 300 P. N
	FULL NAME OF (If not in hospital ar instituti HOSPITAL OR oddress or location) NSTITUTION	ian, give street	A. STATE B. COUNTY  C. CLIY OR TOWN (If outside city limits, write	Balto
0	utheran Hos	pital	D. STREET ADDRESS (If rural, give lacation)	53-00
5. S	WIDO	HED, NEVER MARRIED WED, DIVORCED (specify)	B. DATE OF BIRTH  9. AGE (In years lost birthday)  7-30-29  8. DATE OF BIRTH  9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs Months Days Hours Min.
	. USUAL OCCUPATION (Give kind of work 108, KIN ( e during most of working life, even if refired)  At Home		11. BIRTHPLACE (State or foreign country)  Pitt County, N.C.	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME		14. MOTHERS MAIDEN NAME	
	James Perry Bundy		Laura Little	
15.	Was Deceased Ever in U. S. Armed Farces?	1 6. SOCIAL	17. INFORMANT	ADDRESS
(Te:	s,na arunknown) (If yes, give wor ar doles of servi NO	SECURITY NO.	Donald A. Krinkey, 3162 Shi	loh Court, Balto. 27
	DISEASE OR CONDITION DIRECTLY	CAUSE O		ONSET AND DEATH
	LEADING TO DEATH	(A) /2/4	esto toric Shock -	34 hours
	(This does not mean the mode of dying,	e.g., DUE TO	and an	
	heart failure, asthenio, etc. It means the dise injury or camplication which caused death.)	ase,	notorie Shoek-	
	ANTECEDENT CAUSES	(B) / 32 /	rauteune enfelle	
	DISEASES OR CONDITIONS, if any, give	001 10	U	
	rise to the above couse (A) stoting			~~~~
	UNDERLYING CONDITION last.		**	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.			
CERTIFICA		OR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
CAL CE	21 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, farm, factory, street, af etc.)	n or obout 21 C. WHERE DID (II in Boltimo	ore City, give exact location)
5	21 D. TIME (Manth) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
ME	(APPROX)	While At Work Not While At Work	e	
	20 1			
	22. I certify that (I) (this haspital) attended		19to	19
	that (I) (we) last saw the deceased alive	on	19and that in(my) (our) as	oinian death occurred an the do
	and haur and from the causes stated abov	e. (1) (We) (did) (did nat) v	iew the bady after death.	
	23A. SIGNATURE Dablin	2-9, M.D. Atte	ending Med. Stoff s. Director Phys.	23 B. DATE SIGNED
	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	01 B. MO 27 a
2.4 A	ANTON DAHISURB, BURIAL CREMATION, 1248, DATE 124		3915 HOLLINS FERRY	
24.0	REMOVAL (Specify)	C. NAME of CEMETERY OF CRE		City, town, or county) (Stote)
		Hollywood	Farmville, N. C	
25A		ME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
	JAN 13 1966 ( L. 5 \$	, CAHWAII	O C. Higinbothom, Ellicot	or City, Md
VS	150-REV. 1/1/65			

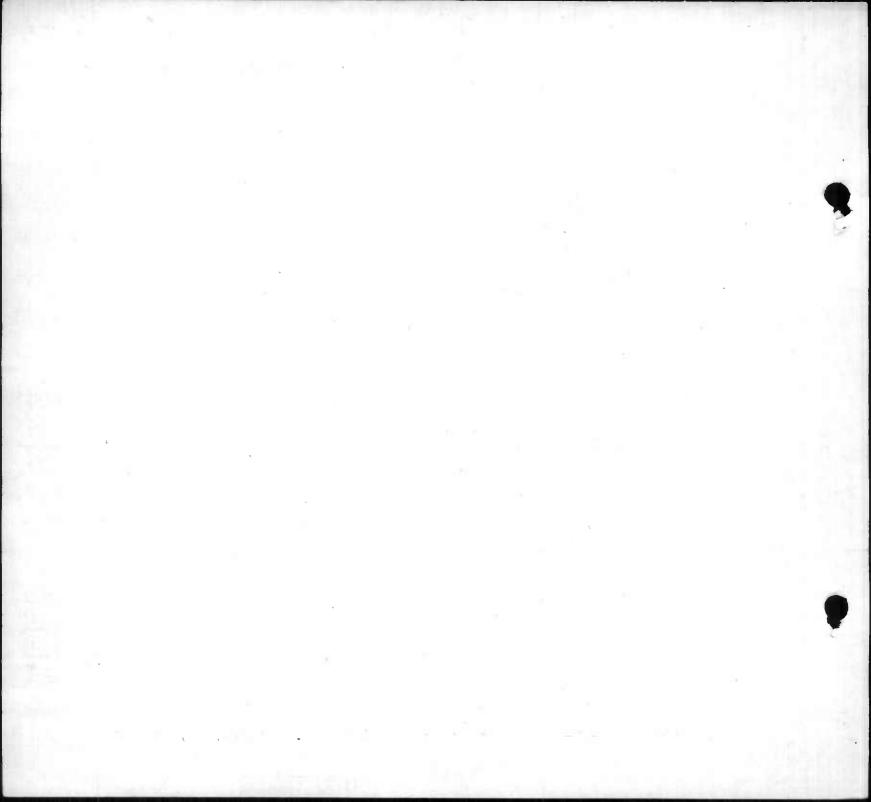


			BALTIMORE CIT	Y HEALTH DEPARTMENT	1 00	2 00200
	H NO.	66 0036	S CERTIFICA	ATE OF DEATH	Registered No.	0 00369
1. N	AME OF DECEASED	1 1.1	10	2. DATE AN	ID HOUR OF DEATH	
	town	e M,	Simon de		11/66	10:10 AM
3. P	LACE OF DEATH IN BALTIF	MORE, MARYLAND		4. USUAL RESIDENCE (When		tution: residence before admission)
F	ULL NAME OF (If not	in hospitol or institut	tion, give street	Marcaland	of Ba	Humana
H	OSPITAL OR oddress	or location)	rion, give sheet	C. CITY OR TOWN (If our	Iside city limits, write RU	RAL and give township)
12	N3III O II O II			But teret	Orena	43-00
7	11 .	1/1 -	0 1/	D. STREET ADDRESS (If	rutol, give location)	
	Union 1	1 emona	I HORD	1 augle	in 1500	d
. S	EX 6. RACE		RIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
	FW	WIDO	OWED, DIVORCED (specily)	9/9/1877	lost birthdoy)	Months Doys Hours Min.
tOÀ.	USUAL OCCUPATION (Give	kind of work 108. KIN	D OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF
done	during most of working life, eve	n if retired)		20,	-/	WHAT COUNTRY?
10.	none			Marylan	ca	
13.1	FATHER'S NAME	120 1-		14. MOTHER'S MAIDEN NAM	ME /	- )
1	will i am	McKe	energe)	5/1366	eth (	D
5. \	Was Deceased Ever in U. S., no or unknown) (II yes, give	Armed Forces?	1 6. SOCIAL	17. INFORMANT		entral Ave.,
163	No:	wor or doles or serv	NONE	Joseph M. Sim	and s. J.	1 1 1 1 1
	18.4.20.1			OF DEATH	onasor. G	INTERVAL BETWEEN
1	DISEASE OR COND	TON DIRECTLY	A	1 / .		ONSET AND DEATH
	LEADING TO		My	candral or of	unct cin	
	(This does not mean the					**************************************
	heart failure, asthenia, etc.		eose,	11		
	ANTECEDENT	CAUSES	(B) 67.	many 1	nowser	
	DISEASES OR CONDITIE		DUE TO			1/1/
	rise to the above co		_	. ,		100
	UNDERLYING CONDITION	N last.	000 000 000			**************************************
_	- 11					
0	OTHER SIGNIFICANT CONT TO THE DEATH BUT					
ATI	DISEASE OR CONDITION	CAUSING IT.				
CERTIFIC	19A. DATE OF OPERATION	WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAUS	IDINGS CONSIDERED
E	21A. ACCIDENT WAS UND	581 9110	1010 01 100 00 100	y Rd:		165
_	OR CONTRIBUTING CAU	SE OF	home, form, loctory, street,	in or obout N.C. WHERE DID office bldg. INJURY OCCUR?	(II in Boltimore C	City, give exact location)
U	DEATH (notify medical exam	iner)	etc.)			
	21 D. TIME (Month) (Do	y) (Yeor) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
2	(APPROX.)		While At Not Wh			, , , ,
ı	22. I certify that (I) (this	hospital) attend	led the deceased from	12/23	1965 10	1/1/ 19/2/2
	that (I) (we) last saw the		1/1			on death accurred an the date
					ar mility) (doir) aprilin	on death accorded an the date
	23A. SIGNATURE	ouses stated and	ve. (I) (we) (ala) (ala nor)	view the body after death.	10	DATE SIGNED
	1 1	25	/ / / M.D. At	tending Med.		3B. DATE SIGNED
	(Vonaly	KI G	tall Ph	ys. Director	Phy s.	1/11/66
	23C. PHYSICIAN'S NAME (Type)			23D. ADDRESS		
	DONALD G.	HALL	M.D	UNION MEN	MORIAL HOSP	PITAL
24 A	BURIAL CREMATION, 24B. REMOVAL (Specify)	DATE 24	C. NAME of CEMETERY of CI	REMATORY 24D. Le	OCATION (City,	town, or county) (Stote)
	Burial 1	14/66	St. Thomas (	hurch Cem O	wings Mil	11s, maryland
25A	. DATE REC'D BY HEALTH I	DEPT.  258. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	2017193 17111	ADDRESS
	JAN 13 1966	(PD) 1-0	To Dunk	WA 5 R	On It Du	sings Mills, Me
/S 1	150-REV. 1/1/65	What &	A STATE OF THE STA	1. A. D. C. C.	rung va	rings villis, MIC
				_		<b>₹</b>

MILLS THE THE Conquetic Short Sailes Ja ... Toudes Enlargement Plured affering Eherle a Rahn CHAPESSA CAHN 2145 W13 allinera

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death—shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). FUNERAL DIRECTOR: IMPORTANT

	00 0030	BALTIMORE CIT	Y HEALTH DEPARTMENT	
BIRTH	H NOGE - COG3 / 66 0037	CERTIFICA	TE OF DEATH Registered	d No. (CC ()()371
1. N.A	CASE NO.  AME OF DECEASED  B OF PRINTING PSUA B	Jaby Boy EDWA	RD V. JZ 1/1/66	3.30 P
3. PL	LACE OF DEATH IN BARTIMORE, MARYLAND	0 1 1	4. USUAL RESIDENCE (Whee deceased live A. STATE B. COUNTY	d. If institution: residence before admission
H	ULL NAME OF (If not in hospital or instit oddress or location) .	ution, give street	MARYLAND  C. CITY OR TOWN (If outside city limits,	write RURAL and give fownship)
2	THE JOHNS HOPKINS H	IOSPITAL	BALTIMORE  D. STREET ADDRESS (If rurol, give locoti	
)			3706 PARKSIDE DR	
5. SE	WIE	RRIED, NEVER MARRIED DOWED, DIVORCED (specify) VER MARRIED	B. DATE OF BIRTH 9. AGE (In year lost birthdoy)	
tóÀ.	USUAL OCCUPATION (Give kind of work 10B. KI) during most of working lite, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. F	ATHER'S NAME		14. MOTHER'S MAIDEN NAME	
15. V	DWARD V. THOMPSON Vos Deceosed Ever in U. S. Armed Forces?	16. SOCIAL	LINDA WALL	ADDRESS
Yes,	no or unknown) (If yes, give wor or dotes of se	rvice) SECURITY NO.		
1	18. 4/4/3 6	CAUSE	DF DEATH	INTERVAL BETWEEN
	rise to the obove cause (A) slating UNDERLYING CONDITION lost.	DUE TO giving g lhe (C)	yaline Memb D ematurity	12300
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIL TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	BUTING TO THE		
	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMEN	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, IN CERTIFYIN	WERE FINDINGS CONSIDERED IG CAUSES OF DEATH?
U	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C.WHERE DID (If in B office bldg., INJURY OCCUR?	doltimore City, give exact location)
ō	21D. TIME (Month) (Doy) (Year) (Hour		21F. HOW DID INJURY OCCUR?	
2	(APPROX.)	While At Work At Work		. /
	22, I certify that (1) (this hospital) atter	nded the deceased from	111166 19 10	1960
	that (I)(we) last saw the deceased allv	e an	19 6 6 and that in (my) (60	or) opinian death accurred an the
l	and haur and fram the causes stated abo	ave. (I (We) (did) (did nat)	view the bady after death.	
	23A. SIGNATURE	1 0 M.D. AI	tending Med. Stoff	23 B. DATE SIGNED
	23C. AHYSICIAN'S ( WIN	relation Ph	23D. ADDRESS	1/4/66
	JERRY A. WINKEL	STEIN M.D	I CATILTY	RAL
24A.	BURIAL CREMATION, 248. DATE	24C. NAME of CEMETERY of CI	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(City, town, or county) (State
	remation 112-66	The Johns Hop		e, Maryland
		AME OF REGISTRAR	DEC FUNERAL DIRECTOR	ADDRESS
	JAN 18 1966 P. P. P. P.	Es O. ma	HOSPITAL DIS	LUNAD
VS 1	150-REV. 1/1/65			

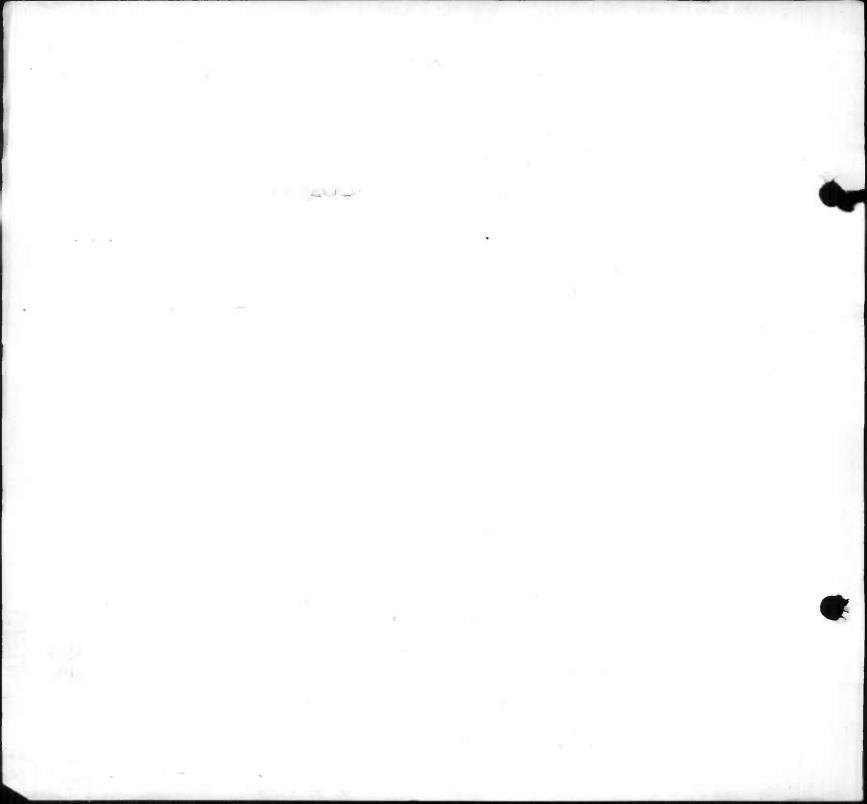


on the

attendance

BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY Marie Forbes
3. PLACE OF DEATH IN BALTIMORE, MARYLAND death. (If not in hospital or institution, give street Maryland FULL NAME OF HOSPITAL OR address or location) (If outside city limits, write Provident Hospital Baltimore prior 1514 Division Street D. STREET ADDRESS (If rural, give location) Baltimore, Maryland 2523 Harlem Avenue mad 7. MARRIED, NEVER MARRIED
WIDOWED, DIVORCED (specify)
Separated 5. SEX B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Days Hours last birthdov Female Negro 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Domestica Pvt/ Family Maryland,

14. MOTHERS MAIDEN NAME 13. FATHERS NAME John Smallwood Cora 15. Was Deceased Ever in U. S. Armed Farces? (Yes,no or unknown) (If yes, give wor or dates of service) 17. INFORMANT ADDRESS 6. SOCIAL SECURITY NO. William Floyd-1933 W. Lafavette CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, asthenio, etc. It means the disease, injury ar camplication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 218, PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If in Baltimore City, give exact location) MEDICAL DEATH (notily medical examiner) 21 D. TIME (Month) (Day) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) At Work 22. I certify that (1) (this hospital) attended the deceased from January 66 that (I) (we) last saw the deceased alive an January 12, and that in(my) (aur) apinian death accurred an the date and have and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23 B. DATE SIGNED Attending Med. Stoff Phys. 23 C. PHYSICIAN'S 23 D. ADDRESS NAME (Type) 1514 Division Street 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily) 1/15/66 Mount Auburn Cemetery Baltimore Maryland 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS Herbert E. Nutter-3035 W. North Ave VS 150-REV. 1/1/65

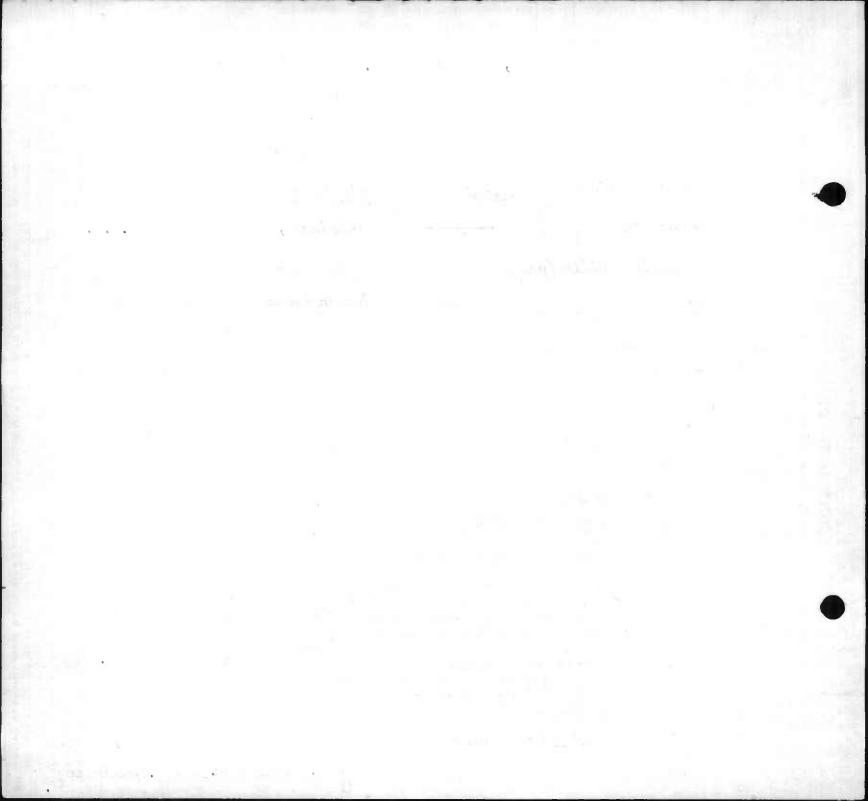


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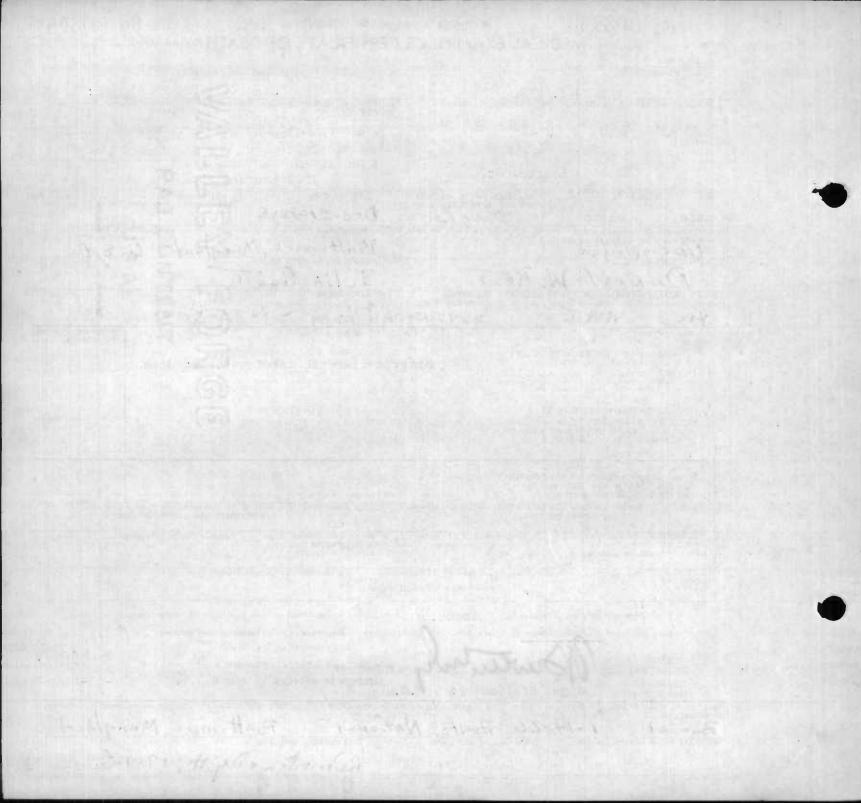
66	00373	BALTIMORE CITY	HEALTH DEPARTMENT	66 00373
RTH NO.	00070	CERTIFICA	TE OF DEATH X Registered No.	00 00073
.E. CASE NO. NAME OF DECEASE ype or Print)	George	Matthews	2. OATE AND HOUR OF CEATH 1-11-1966	12.05A M
PLACE OF DEATH  FULL NAME OF HOSPITAL OR	(If not in hospital or in oddress or location)		A. USUAL RESIDENCE (Where deceased lived, If i A. STATE B. COUNTY Maryland Be	nstitution: residence before odmission)
INSTITUTION E	Baltimore Cit 1940 Eastern	Avenue	Catonsville D. STREET ADDRESS (If rurol, give locotion)	53-00
I	Baltimore, Mar			1228
SEX 6. R		MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) MARTIED	B. OATE OF BIRTH  3-7-1905  9. AGE (In years lost birthday)  60	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
A. USUAL OCCUPAT one during most of worki		Laborer	11. BIRTHPLACE (State or foreign country)  Maryland	12. CITIZEN OF WHAT COUNTRY?
FATHER'S NAME	James Mati	hews	14. MOTHER'S MAIDEN NAME MAI	y M. Parker
. Wos Occoosed Ever es, no or unknown) (If	r in U. S. Armed Forces? yes, give war ar dates of	service) 16. SOCIAL SECURITY NO. 217-03-2356	17. INFORMANT Records: BCH-4940 Eastern	Avenue 21224
(This does not repeat foilure, asthiniury or camplication of the control of the c	ANT CONDITIONS CON H BUT NOT RELATED HOTTON CAUSING IT.  ERATION 198, CONDITION WAS PERFOR	disease, ath.)  (8) DUE TO DUE TO DUE TO TRIBUTING TO THE CENTRAL ON FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDEREO LUSES OF DEA HY
OR CONTRIBUTION	dicol exominer)	218. PLACE OF INJURY (e.g., in home, form, factory, street, of etc.)  218. PLACE OF INJURY (e.g., in home, form, factory, street, of	n or obout 21 C. WHERE DID (If in Boltimo fice bldg., INJURY OCCUR?	re City, give exoct locotion)
OF INJURY (APPROX.)	and the second second	While At Not While Work Not Work	• 🗌	
ond hour ond fro 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Typ)	om the couses stated  Charles R. Burt		mending Med. Stoff Phys.  23 D. ADDRESS  4940 Eastern Avenue, Baltin	238. DATE SIGNED
BITTIST	1-14-66	Mt. Gilboa C	A PART OF THE PROPERTY OF THE PART OF THE	e, Md.
JA!	V 13 1966 (L	But E. Salay MA	Charles R. Law Mort	uary 802 Madia or

FUNERAL DIRECTOR: IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO.	66 0	0374	CERTIFICA			. GG 00374
M.E. CASE NO.					2. DATE AND HOUR OF CEAT	Н
Type or Print)	HOWAR	Δ.	IDA	Ma	1-11-66	6:50 A
. PLACE OF DEATH		LAND		4. USUAL RI		institution: residence before admission
FULL NAME OF HOSPITAL OR	(If not in hospital or oddress or tocation)	institution, g	ive street	C. CITX OR	pland TOWN (If outside city limits, write	e RURAL and give township)
INSTITUTION	MERCY	11	· 0.11	Bal	timore	
/	14121101	П	STATE	0. STREET A	ODRESS (If rurol, give location)  Dunkirk Road	
Female 6. 1		Marri	NEVER MARRIED, DIVORCED (specify)	7/27/	1904   9. AGE (In years lost birthday)  1904   67  CE (State or foreign country)	II Under 1 Yr. II Under 24 H Months Ooys Hours Min.
done dyring most of work Housewal	ing lile, even if retired)	B, KIND OF	BUSINESS OR INOUSTRY		ck (Stole or foreign country) imore, Maryland	12. CITIZEN OF WHAT COUNTRY? U. S. A.
3. FATHER'S NAME					S MAIDEN NAME	u. 5.71.
	01.1.	,				
(harle	s Philip (o	nrad	1 ( 2001)	ye!	itrude Bentz	ADDRESS
(Yes, no or unknown) (If	er in U. 3, Armed Force yes, give wor or dotes	of service)	16. SOCIAL SECURITY NO. None		r Howard 619 Dun	
18.4.4.2	X I		CAUSE	F DEATH		INTERVAL BETWEEN
DISEASE	OR CONDITION DIRE	CTLY		a t	0.0.0	ONSET AND OEATH
	ADING TO DEATH		(A)	faull	renal failu renal alis in Cardraiase,	¥
	meon the mode of d henio, etc. It meons th		DUE TO			
	otion which coused d		00	^ .	aca a Calin	2000
ANT	ECEDENT CAUSES		(B) DUE TO	· conce	.10000	
DISEASES OR	CONDITIONS, if on	ny, giving	16	+	. 01	N .
rise to the C	bove couse (A) s	stoting the	(C) 11 4 A	cilius	of Caroliovans,	bylast
ONDERETHING C	ONDITION 1881.		41			
E TO THE DEAT	II ANT CONDITIONS CO 'H BUT NOT RELATI NDITION CAUSING IT.					
19A. DATE OF OP			HICH OPERATION	20A. AUTO	PSY? (Yes or No) 208, IF YES, WER	RE FINDINGS CONSIDERED CAUSES OF DEATH?
ш		21 B. home	PLACE OF INJURY (e.g., e, form, foctory, street, o	in or obout 21 C	. WHERE DID (If in Baltim URY OCCUR?	note City, give exact location)
	ionth) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21 F.	HOW DID INJURY OCCUR?	
OF INJURY			e At Not Whi			
		Worl		1.5		11
22. I certify tha	t (4) (this hospital)	attended th	e deceased fram		19 6 6 to	1-11-66 1966
that (M) (we) las	st saw the deceased	alive an	1-(/-	19.6.	6 and that in (my). (aur) a	pfnion death accurred an the d
and have and fro	am the causes state	d abave. (F	r (We) (did) (did not)	view the bad	y after death.	
23A. SIGNATURE	11 +		^			23B. OATE SIGNED
Joseph	Mohara	en e	M.O. At	ending	Med. Stoff Phys.	1-12-66
23 C. PHYSICIAN'S	,	, j	710	23D. ADDRESS		
NAME (Type)	JOJEPH	NOTA	RANGELO M.O.		MERCY HOSP	TAL
24A. BURIAL CREMA			ME of CEMETERY OF CE		24D. LOCATION	(City, town, or county) (State
REMOVAL (Spec	ify) = /= = /-					
Burial	1/15/19	966 Di	ulaney Valle	y Memor	ial Gardens Ba	ltimore, Marylan
25A. DATE REC'D BY	A	SB. NAME O	F REGISTRAR	25C. FUN	Lial Gardens Ba A. Moran Inc. 300	ADDRE95
JAN 13	1966 R.C. 6	6 4a	Jedy Ma	John.	A. Moran Inc. 300	O E. Baltimore
VS 150-REV. 1/1/65		79	000		2 / 3	(+



BIRTH NO. MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH Registered No.				
M.E. CASE NO.					
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD				
ANDREW C. KENT  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	January 11, 1966 5:00 P.M.				
S. TEACE IN BALLWORD, WANTENED, WHERE PROPOSITED SEAS	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY				
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)				
INSTITUTION	Baltimore /6 1				
1503 Laurens St.	D. STREET ADDRESS (If rurol, give location)				
1505 Laurens St.	1503 Laurens St.				
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	B. DATE OF BIRTH  9. AGE (In years   If Under 1 Yr, If Under 24 Hrs. Manths, Days, Hours, Min.				
male negro Single	Dec-21-1858 77				
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	1 MILLAY COLLAYONS				
Unimployed	Baltimore, Maryland U.S. A.				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	Julia Ganil  17. INFORMANT ADDRESS				
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	0.				
Y255 NWI 215-12-10401	AC. Young - 30 33 Brighton ST.				
18.4 22 1	E OF DEATH INTERVAL BETWEEN ONSET AND DEATH				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteri	1				
(A) AFTEFT	iosclerotic cardiovascular disease				
injury or complication which caused death.)					
ANTECENDENT CAUSES					
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE					
UNDERLYING CONDITION LAST.					
(C)					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION [198, CONDITION FOR WHICH OPERATION]					
	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
	no				
O UNDERLYING OR CONTRIB- home, form, foctory, street,	in or obout 21C. WHERE DID (If in Boltimore City, give exact location) office bldg., NJURY OCCUR?				
<u></u>	21F. HOW DID INJURY OCCUR?				
OF INJURY					
m. WORK AT WORK					
	tapsy and that an this basis, death in my opinian				
resulted fram: Natural causes X Accident 🗌 / Sulcide 🗌 Hamicide 🔲 Undetermined manner 🗌					
CHIEF MEDICAL EXAMINER DATE SIGNED					
SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER X					
EXAMINER'S Rudiger Breitenecker, M.D.	ASSOCIATE MEDICAL EXAMINER 1-12-66				
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY	or CREMATORY 23D. LOCATION (City, town, or county), (State)				
BULLAL 1-14-66 BALLO NAT	towal Ratimore Maryland				
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS				
JAN 13 1966 Reput E. Farforma	the moster of yett 1701 Laurens St				
VS 151-REV. 1/1/65	00374				



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25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS VS 150-REV. 1/1/65

ATT CAMPUT TO PARTY OF Linealed Marsing Home F Negro wildowed Domestic MWWWW

Batterran Mrd. unknown

	BALTIMORE CIT	Y HEALTH DEPARTMENT		
BRTH NO. 66 00377	CERTIFICA	TE OF DEATH	Registered Na	66 00377
M.E. CASE NO.  1. NAME OF DECEASED (Type or Print)  1. Lodde N	Josephine		and hour of DEATH	15 30 M
3. PLACE OF DEATH IN BALTIMORE, MARYLAN		4. USUAL RESIDENCE (WHA, STATE B, COU	here deceased lived. If insti	itution: residence before admission)
FULL NAME OF (If not in hospital or ins HOSPITAL OR oddress or location)	titution, give street	Balton	Tore City limits, write RU	RAL and give (awashie)
Lincoln Memorial Nur	sine Home	Ballom	ore cite	1
27 n. Carey &	tacila mel	D. STREET ADDRESS	If rurol, give lacation)	. 0
	ARRIED, NEVER MARRIED	B. DATE OF BIRTH	9 AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
	IDOWED, DIVORCED (specify)	May 8-1893	last birthdoy)	Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, 1 dane during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote or for	reign country)	12. CITIZEN OF WHAT COUNTRY?
Domestic		IBAIL;	more md.	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN N.	AME	
unknown		unkno	own	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, na ar unknawn) (If yes, give war ar dates of s	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	215-18-741	Mes 811A T-	OFMAN 13.	20 Arque As.
18. 44 4 X	CAUSE	OF DEATH	1 1	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTL	Y	1 114	to allowed	ONSEI AND DEATH
LEADING TO DEATH	(A) (V)	to sal of	1 no wasse	72/
(This does not mean the made of dying heart failure, astheria, etc. II means the c		700	///	
injury ar camplication which caused death		1201718 90	XONO Day	7
ANTECEDENT CAUSES	(B)	00000		
DISEASES OR CONDITIONS, if any,	giving			
rise la lhe abave cause (A) slalin UNDERLYING CONDITION last,	ng Ihe (C)			
OTHER SIGNIFICANT CONDITIONS CONTE	RIBUTING			
TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TO THE			
OTHER SIGNIFICANT CONDITIONS CONTY TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITIO WAS PERFORM  21A. ACCIDENT WAS UNDERLYING		No	No. 208. IF YES, WERE FIN IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	218. PLACE OF INJURY (e.g., hame, form, factory, street, etc.)	in ar about 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Baltimare (	City, give exact lacation)
21D. TIME (Manth) (Day) (Year) (Ha	ut) 21E. INJURY OCCURRED	21F. HOW DID IN	NJURY OCCUR?	
(APPROX)	While At Not Wh		1/	
22. I certify that (i) (this hospital) atta		10-27	1000,01-	11 rotato
	1 10	20/2 (4		
that (1) (we) lost saw the deceased ali		4		on death occurred on the date
and hour and from the causes stated of	bove. (1) (We) (did) (did not)	view the body ofter death		
23A. SIGNATURE	41	/		238, DATE SIGNED
19 Duy	M.D. Al	ys. Med. Director	Staff Phy 3.	1000
PAME (1/pg)	10 10 11	23D. ADDRESS	1/1-1/	Λ
MXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	12/1/ M.D	405/11	A CANTO	139
24A. BURIAL CREMATION, 248. DATE REMOVAL (Specify)	24C. NAME OF CEMETERY OF C	REMATORY 24D.	LOCATION (City,	, lawn, or county) (State)
- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	N. T A.I	0 0	2 - 11	M
25A. DATE REC'D BY HEALTH DEPT.   25B.	MOUNT AUDI	25C. FUNERAL BRECTO	BAltimore	MATGIANN 21.2
JAN 13 1966 (2.0	see & Feelewas			101701 Lavena S
VS 150-REV. 1/1/65		In Warten	in man , man , a	and I al a former o
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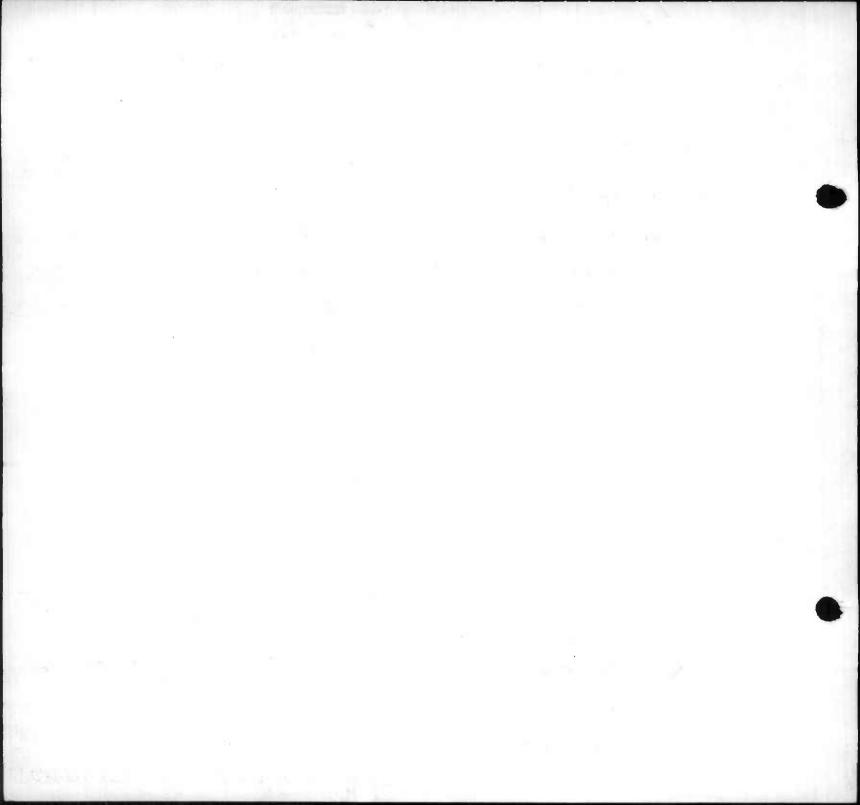
BIRTH NO.

BALTIMORE CITY	HEALTH DEPARTMENT				
378 CERTIFICA	TE OF DEATH Registered No. 66	00378			
	2. DATE AND HOUR OF DEATH				
NEHMSMAN	14 JAN 11 1966				
AND	4. USUAL RESIDENCE (Where deceosed lived, If institution: tesidence before admission) A. STATE B. COUNTY				
stitution, give sheet	MARYLAND 105				
	C. CITY OR TOWN (If outside, city limits, write RURA	(L ond give fownship)			
	BALTIMORE				
TON AVE	D. STREET ADDRESS (If rurol, give location)				
	18 5 COLLINGTOI	YAVE			
MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If lost birthday) Mo	Under 1 Yr. If Under 24 Hrs.			
WIDOWED, DIVORCED (specify)	MAY 3 1886 79	nins Doys Hours William			
KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12	CITIZEN OF WHAT COUNTRY?			
-	BALTIMORE MO	U.S.A.			
	14. MOTHER'S MAIDEN NAME				
KOPP	KUNIGANDO FLEI	SCHMAK.			
service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS			
216-01-2851	ALBERT M DIPPEL 180	OELOMBARDS			
CAUSE O	F DEATH	INTERVAL BETWEEN			
TLY O	- 1 + 1/ + 1'	ONSET AND DEATH			
Alle	nisolerotic Heart Dis	Z years			
ing, e.g., DUE TO	**************************************	7			

M.E. CASE NO.	OU.	00070	
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH	C . A	
ELIZABETH NEHMSMAN	V/Y JAN 11 1966	9.A M.	
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If instituling, A. STATE B. COUNTY	on: residence before admission)	
FULL NAME OF (If not in hospital ar institution, give sheet	MARYLAND	-05	
HOSPITAL OR oddiess or location)	C. CITY OR TOWN (If outside, city limits, write RURAL	and give fownship)	
INSTITUTION			
18 S COLLINGTON AVE	D. STREET ADDRESS (If rurol, give location)		
10 3 (0227) 4 8 7 0 1 1 1 1 2 2	I a a a a a a a a a a a a a a a a a a a	1 AUE	
S. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years 11 U	/ / /	
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years In Control of the Mor	Judes 1 Yr. If Under 24 Hrs. oths Doys Hours Min.	
LEMALE WHILE WIDOWED	14A73 1886 79		
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	Y 11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT COUNTRY?	
	BAITIMADE MA	11 C A	
13. FATHER'S NAME	BACTIMORE MO	V.3.4-	
11.00	Ville of File	0.011 6.46 1.	
ANDREW MOPP	RUNIGANDO FLEI	SCHMAK.	
15. Was Deceased Ever in U. S. Armed Forces?   16. SOCIAL   (Yes, no or unknown) (II yes, give war or dates of service)   SECURITY NO.	17. INFORMANT	ADDRESS	
NO - 216-01-285	I ALBERT M DIPPEL ISA	OELOMBARD.	
18. / O A CO L CAUSE C	OF DEATH	INTERVAL BETWEEN	
DISTASS ON CONDITION DIRECTLY	4	ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  ATT	teriosolerotec Heart Dio	2 years	
(This does not mean the mode of dying, e.g., DUE TO			
heort foilure, osthenio, etc. It means the disease, injury or complication which coused death.)		*	
(8)			
DUE TO			
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the (C)			
Inse to the obove couse (A) stating the IC)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
TO THE DEATH BUT NOT RELATED TO THE			
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDI	NGS CONSIDERED	
19A. DATE OF OPERATION WAS PERFORMED	IN CERTIFYING CAUSES	OF DEATH?	
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	in a about 21C. WHERE DID IIf in Baltimore City,	, give exact location)	
OR CONTRIBUTING CAUSE OF home, form, foctory, slieet, of DEATH (notify medical examiner)	office bldg., INJURY OCCUR?		
	215 H2 W 2 W 2 W 2 W 2 W 2 W 2 W 2 W 2 W 2		
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY While At   Not Whi	21F. HOW DID INJURY OCCUR?		
Expression   White At   Not White			
22. I certify that (I) (this hospital) attended the deceosed from	2pril 1962 10 Non	1965	
that (1) (we) last saw the deceased alive an ADEC	1965 and that in (my) (aur) apinion	death accurate as the data	
		death occurred an ine date	
and haur and from the causes stated above. (1) (We) (did) (did not)		DATE SIGNED	
	7.5	au 12,1966.	
23C, PHYSICIAN'S NAME (Type)	23D. ADDRESS		
CHARLES C MACMINA M.D.	2900 E. BALTIMORE ST.	RALTO.MA	
	VALUE OF WAR STREET	1313-10.110	

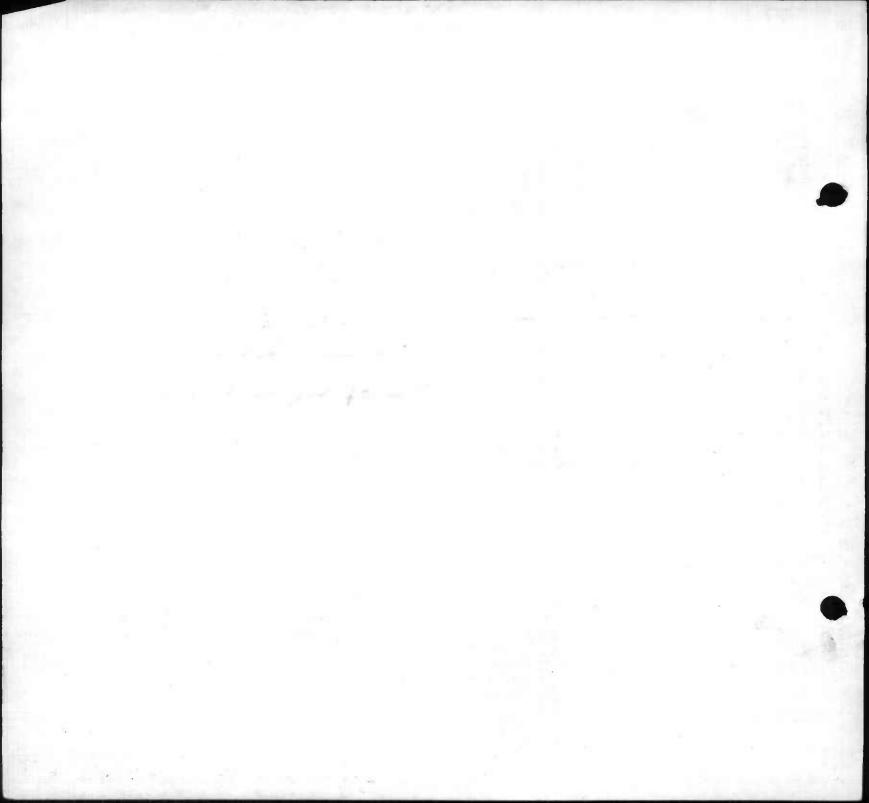
BURIAL CREMATION, REMOVAL (Specify) (Stote) BY HEALTH DEPT. 258 NAME OF REGISTRAR EEMER CEM 44

25C. FUNERAL DIRECTOR ADDRESS REC'D 3 VS 150-REV. 1/1/65



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

				BALTIMORE CITY	HEALTH DEPART	MENT		00 000
	TH NO. E. CASE NO.	66 003	79	CERTIFICA	TE OF DE	ATH Y	Registered No	65 00379
1.1	Pe or Print)		M - 1	a ( )	2.	DATE AND F	OUR OF DEATH	(3 A
3.	PLACE OF DEATH	I IN BALTIMORE MAR	ILAND	.60	14. USUAL RESIDER	NCE ()Where de	poeosed lived. If in	stitution: residence before admission
					A. STATE	B. COUNTY		12.04.
1	FULL NAME OF HOSPITAL OR	(If not in hospital or oddress or location)	institution, giv	re street	c. city or town	(It outside	city limits, write I	RURAL and give township)
4/0	11 10 mg	and hone	the for	25 bitel	Balt	, mor	2	5300
110	Bolt	impres,	Man	y and	D. STREET ADDRES	SS Alf rurol,	ve odition)	,
5. :	SEX 6.	RACE 7	MARRIED, N	EVER MARRIED DIVORCED (specify)	8. DATE OF BIRTH		GE (In years birthday)	If Under 1 Yr. II Under 24 Hr. Months Doys Hours Min.
		ATION (Give kind of work 1 king life, even if retired)	OB. KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLACE (SI	ote or foreign o	OUP Y	12. CITIZEN OF WHAT COUNTRY?
	Eno		Westing	Louise Elec, los	, Dalt	moro,	Iller.	USA
13.	FATHER'S NAME	er Made	24 D	kc.	14. MOTHER'S MA	LOEN HAME	wood	en Dec.
15.	Was Deceased Ev	er in U. S. Armed Force yes, give wor or dotes	of service)	6. SOCIAL SECURITY NO.	17. INFORMANT	~^	1	ADDRESS
'		yes, give wor or doles		221-05-959	HOSE	- Cho	ut	
	18. 153	181	. //	CAUSE	F DEATH		-	INTERVAL BETWEEN ONSET AND DEATH
		OR CONDITION DIRE	CTLY		P	(	-	ONSET AND DEATH
	(This does not	mean the made of		DUE TO	-curou	-a 40 3	-2	
	heart failure, as injury or compli	thenia, etc. II means I cotion which coused o	he disease, leoth,)			-	( )	
	AN	TECEDENT CAUSES		(B) DUE TO	0/8	çuro,	160 p	×
	rise to the	CONDITIONS, if an above cause (A) : CONDITION last.		(C)	1		*************************	
ICATION	TO THE DEA		ED TO THE	HICH OPERATION	20 A. A UTOPSY?	(Yes or No) 20	B. IF YES, WERE	FINDINGS CONSIDERED
ERTIFIC	0	WAS PERFO	DRMED			II.	CERTIFYING CA	USES OF DEATH?
CAL C		WAS UNDERLYING DE CAUSE OF edicol exominer)		torm, loctory, street, o			(II in Baltimore	City, give exoct locotion)
MEDIC	21 D. TIME (A	Month) (Day) (Year)	(Hour) 21 E, †	NJURY OCCURRED	21 F. HOW	DID INJURY	OCCUR?	
1	(APPROX.)		While Work	At Not Whi				
	22. I certify th	at (1) (this hospital)	attended the	deceosed from	11/25	19 💪	. J 10	1/12 1961
		st sow the deceased						nion death occurred on the do
		ram the couses state	d above. (1)	(We) (did) (did not)	view the body ofte	er death.		
	23A. SIGNATURE	plan IVa	isegn	M.D. Att	ending Med	d. Stoll	s, L	1126
	NAME (Type	)	0	M.D.	23D. ADDRESS			
24/	BEMOVAL (Spe	TION, 24B. DATE	24C.NAA	AE OF CEMETERY OF CR	EMATORY	24D. LOCA	TION (Ci	ly, Jown, or county) (Stote)
257	Juneal B. DATE REC'D BY	Jan. 14.	SE NAME OF	ud Kidge REGISTRAR	Cemelene 25C. FUNERAL	DIRECTOR	Cerrila	8 CAPDRISE
	JAN 1 3 10	66 0 0 6	7- O	A.h	Frank	Il May	10 110	Bar 100 2 11
VS	150-REV. 1/1/65		7		000	7 8	Bon He	lip Breakt



urial

JAN 1 3 1 VS 150-REV. 1/1/65

REC'D BY HEALTH DEPT.

B

25A. DATE

Jan. 12, 1966

1966 Druid Ridge

Such

attendance on the

66	00380
0:1	

## BALTIMORE CITY HEALTH DEPARTMENT

			CERTIFICA	TE OF DEATH	Registered 14	°66 00330
Tune as	SE NO. OF DECEASED			2. DATE A	ND HOUR OF DEAT	тн
Abo or	Print) Ket.	harine E. S	Schneider		Tannamer 10	7066 1 7.15n
PLACE	OF DEATH IN BALTIMOR		Joine Last	A. STATE B. COU	January 10	1966   1:45 pm institution: residence before odmission)
HOSPI	TAL OR oddress or	ospital or institution, location)	give street	Md.	outside city limits wit	de RURAL ond givo township)
)	UTION			Baltimo	ore 12, Md.	to house one give to missings
112	20 E. Belveder	e Ave., Bal	timore 12, Md.	D. STREET ADDRESS (1)		
5. SEX	6. RACE		, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
	emale White Warried			Dec.23,1890	lost birthdoyl	Months Doys Hours Min.
	AL OCCUPATION (Give kind ag most of working life, even if a		F BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY?
	ousewife	Own	home	Baltimore,	Md.	U.S.A.
3. FATH	ERS NAME			14. MOTHER'S MAIDEN NA	AME	
	George Seil	er				unknown
5. Wos I	Doceased Ever in U. S. Am runknown)(If yes, give wor	ned Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		Baltimore 12, Md.
No	None		0 - 0 201	Ovr. Herman 4	Schneider	1120 E.Belvedere Ave
18./	-000		CAUSE O	<u> </u>	ocitie rder	INTERVAL RETWEEN
heori	does not meen the mo t foilure, osthenio, etc. It y or complication which of ANTECEDENT CA	meons the diseose, coused deoth.)	DUE TO	6. 6.1	(	,
rise	ASES OR CONDITIONS to the obove couse DERLYING CONDITION to	(A) stoting the		knoclendic unliged to the	C Sell-m	<i>x</i>
NO OTH TO DISE	ASES OR CONDITIONS to the obove couse DERLYING CONDITION to  II  ER SIGNIFICANT CONDITION THE DEATH BUT NOT EASE OR CONDITION CAU	(A) stoting the state of the st	G HE			
tise UND	ASES OR CONDITIONS to the obove couse DERLYING CONDITION to  IF ER SIGNIFICANT CONDITION THE DEATH BUT NOT ASE OR CONDITION CAU  DATE OF OPERATION  199 W/	(A) stoting the st.  ONS CONTRIBUTING RELATED TO THE SING IT.  CONDITION FOR AS PERFORMED	G	20A. AUTOPSY? (Yos or N	No) 20B. IF YES, WER	RE FINDINGS CONSIDERED CAUSES OF DEATH?
TISE UND OTH TO DISE 19A. [ OR COLOR OF	ASES OR CONDITIONS to the obove couse DERLYING CONDITION to  II  ER SIGNIFICANT CONDITION THE DEATH BUT NOT ASE OR CONDITION CAU DATE OF OPERATION [198	ONS CONTRIBUTING TRELATED TO THE SING IT.  B. CONDITION FOR AS PERFORMED  VING 1218  218  A STATE OF THE SING IT.  B. CONDITION FOR AS PERFORMED	G HE WHICH OPERATION  B. PLACE OF INJURY (o.g., in ne, form, foctory, street, of		No) 20B, IF YES, WER IN CERTIFYING C	RE FINDINGS CONSIDERED
OTH TO THE TOTAL T	ASES OR CONDITIONS to the obove couse DERLYING CONDITION IC  ER SIGNIFICANT CONDITION THE DEATH BUT NOT ASE OR CONDITION CAU DATE OF OPERATION  ACCIDENT WAS UNDERLY CONTRIBUTING CAUSE OF (Month) (Doy) TIME (Month) (Doy)	(A) stoting the st.  ONS CONTRIBUTING TRELATED TO THE SING IT.  CONDITION FOR AS PERFORMED  TING 21E horror otc.  (Yeor) (Hour) 21E	G HE WHICH OPERATION  D. PLACE OF INJURY (0.g., in the control of	20A. AUTOPSY? (Yos or No obout 21 C. WHERE DID injury occur?	No) 20B. IF YES, WER IN CERTIFYING (	RE FINDINGS CONSIDERED CAUSES OF DEATH?
VED TO THE TOTAL T	ASES OR CONDITIONS to the obove couse DERLYING CONDITION IC  ER SIGNIFICANT CONDITION THE DEATH BUT NOT ASE OR CONDITION CAU DATE OF OPERATION TONTRIBUTING CAUSE OF (Month) (Doy) TIME (Month) (Doy) TIME (Month) (Doy) Certify that (I) (this had (I) (we) lost sow the dechour and from the couse	ONS CONTRIBUTING RELATED TO THE SING IT.  B. CONDITION FOR AS PERFORMED  YING DE LONG (Year) (Hour) 21E W. W. W. Cospital) attended to accessed alive on	WHICH OPERATION  B. PLACE OF INJURY (o.g., in ne., form, foctory, stroet, of nilo Al Not While he deceosed from	20A. AUTOPSY? (Yos or No or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	OD 20B. IF YES, WER IN CERTIFYING (  (If in Boltim  IJURY OCCUR?  19 5 to	RE FINDINGS CONSIDERED CAUSES OF DEATH?  Toro City, give exoct locotion)  January 19  pinion deoth occurred on the dote
VED TO THE TOTAL T	ASES OR CONDITIONS to the obove couse DERLYING CONDITION TO  ER SIGNIFICANT CONDITION THE DEATH BUT NOT EASE OR CONDITION CAU DATE OF OPERATION 199 WA  ACCIDENT WAS UNDERLY CONTRIBUTING CAUSE OF TIME (Month) (Doy) NJURY ROX.)  Lertify that (I) (this had (I) (we) lost sow the de hour and from the couse SIGNATURE	ONS CONTRIBUTING RELATED TO THE SING IT.  B. CONDITION FOR AS PERFORMED  YING DE LONG (Year) (Hour) 21E W. W. W. Cospital) attended to accessed alive on	WHICH OPERATION  3. PLACE OF INJURY (o.g., inne, form, foctory, street, of price of the control	20A. AUTOPSY? (Yos or No or obout 21C, WHERE DID fice bidg., INJURY OCCUR?  21F. HOW DID IN 19 and to the wife body ofter death.	OD 20B. IF YES, WER IN CERTIFYING (  (If in Boltim  IJURY OCCUR?  19 5 to	RE FINDINGS CONSIDERED CAUSES OF DEATH?  Toro City, give exoct locohon)

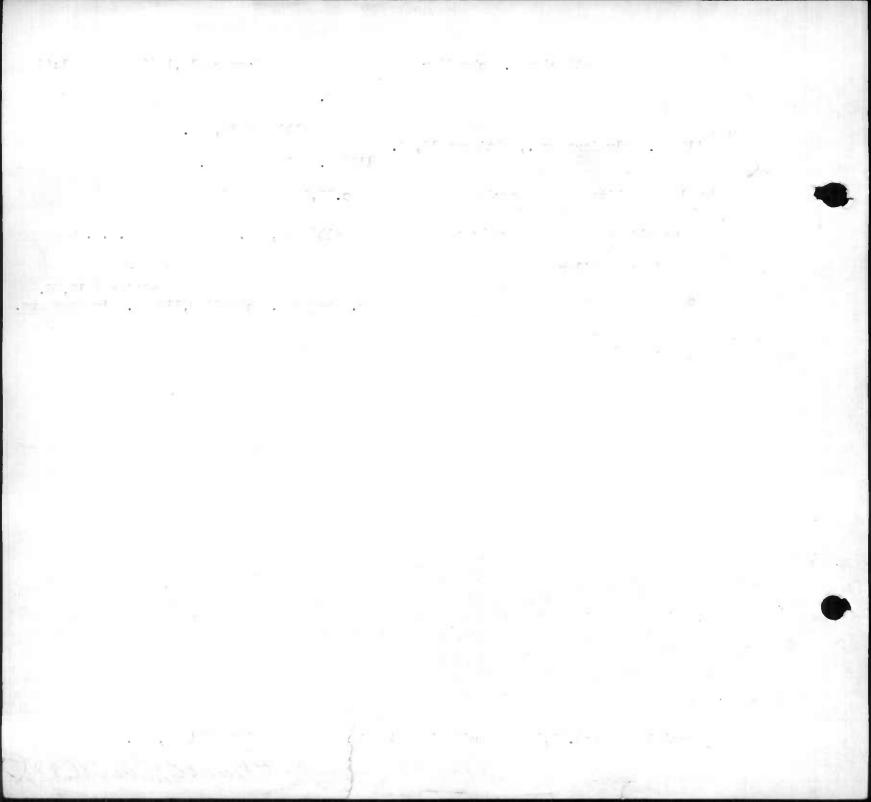
Cemetery

25C FUNERAL DIRECTOR

8, Md.

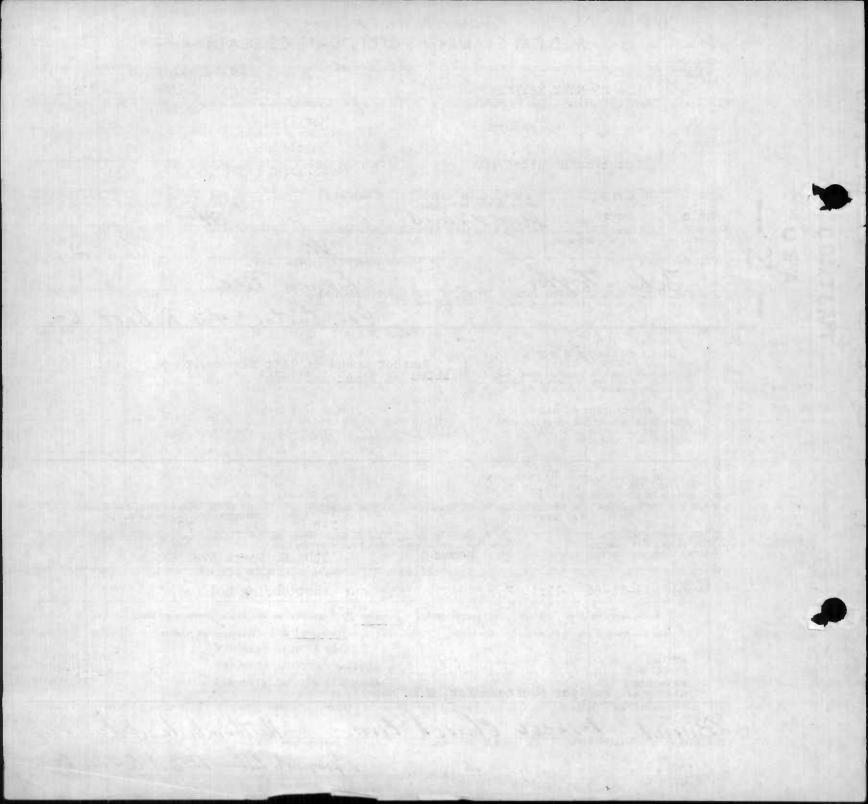
ADDRESS

Pikesville



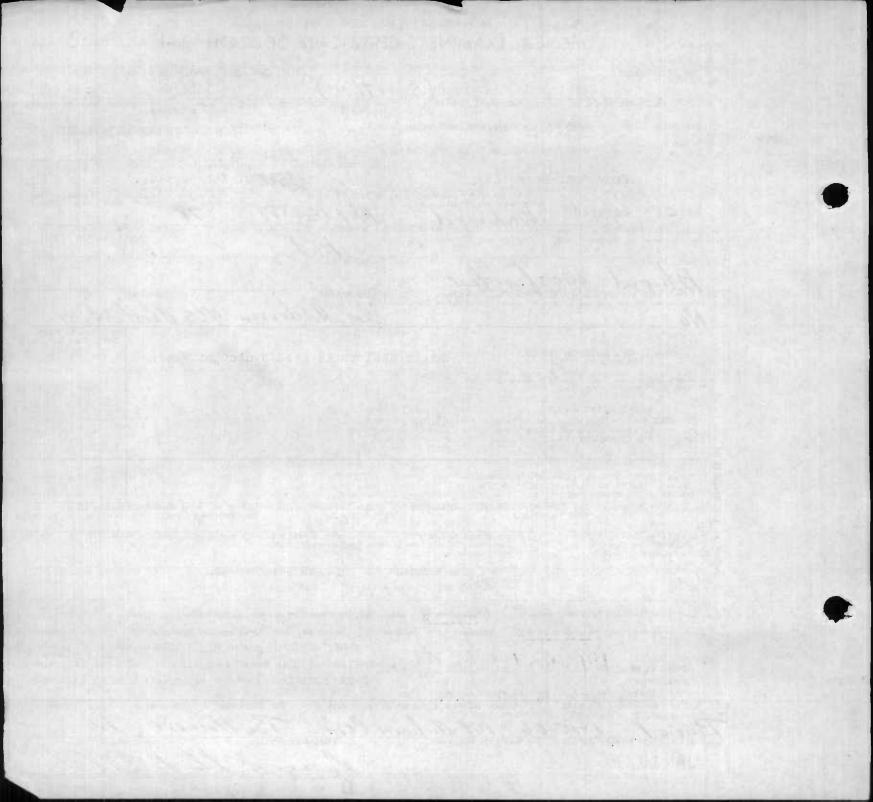
BALTIMORE CITY HEALTH DEPARTMENT

BIRT	TH NO.	MED	ICAL EX	AMINER'S CE	RTIFICATE O	F DEATH Re	egistered Na.	14
	E CASE NO.							
1. (Tv	NAME OF DEC	CEASED			2. DATI	AND HOUR PRONC		
		JAMES CARY	TAYLOR			January 11,	1966	12:45 Pm.
3. F	LACE IN BALT	IMORE MARYLAND, V	HERE PRONOL	INCED DEAD	4. USUAL RESIDENCE (W	here deceased lived.	If institution: residence b. COUNTY	pefore odmission
F	L MANAE OF	WE NOT IN HOSPI		TON CIVE CERES	Maryla			
HO	L NAME OF SPITAL OR TITUTION	ADDRESS OR LOC	ATION)	TION, GIVE STREET	C. CITY OR TOWN (If a	utside corporate limits	, write RURAL and give	to wnship)
1142	ITUTION				Baltime	re	1 5 franc 4	
		Lutheran Ho	spital D	OA	D. STREET ADDRESS (IF	iurol, give location)		-
						insor Ave.	Windsor	/
5. S	EX	6. RACE	7. MARRIED.	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In )	yeors   If Under 1 Yr.	f Under 24 His
_	1 .			DIVORCED (specify)	7 0 5	lost birthday	Months Doys	Hous Min.
	nale	negro	Never	Miarried	1-9-51	54		
		JPATION (Give kind of wo working life, even if retired)	IOB. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or	foreign country)	12. CITIZEN OF WHAT COU	NTRY?
					Va.		4.5.	A.
13.	FATHER'S NAN	IE /	/		14. MOTHER'S MAIDEN	AME		
	150	by lavi	for		Lmma	Bee		
		D EVER IN U.S. ARME		16. SOCIAL	17. INFORMANT	70	ADDRESS	
lYe!	, no or unknown	(If yes, give wor or do	es of service)	SECURITY NO.	1 1 -	4 11.	01/	01
					oeo, call	er 40/	Nobelt	22
	18. 9	/XI		CAUSE	OF DEATH		INTER	T AND DEATH
	DISEA	SE OR CONDITION D	IRECTLY					
	(7)	LEADING TO DEAT		(A) Gunsho	t wound of le: liver and lu	t flank wi	th perforati	on
	heart failure,	not mean the made of osthenia, etc. It mean	s the discose,	DUETO Of	liver and lu	ıg		
	injury or cor	mplication which coused	de oth.)					
	A	NTECENDENT CAUS	ES					
		OR CONDITIONS, IF		DUE TO	•••••••			
		E ABOVE CAUSE (A) S						
Z				(C)	•••••			
H		11						
S	OTHER SIGI	NIFICANT CONDITIONS DEATH BUT NOT R	CONTRIBUTION	1G				
E		R CONDITION CAUSIN			***************************************	***************************************		••
CERTIFICATION	19A. DATE OF		NDITION FOR Y	WHICH OPERATION	20A. AUTOPSY? (Yes or		ERE FINDINGS CONSIDI	ERED
	2	WASTE	RFORMED		yes	IN CERTIFING	yes of DEATH?	
EDICAL	21A. EXTERNA	CAUSE WAS	21 B.	PLACE OF INJURY (e.g., i	n or about 21C. WHERE D	ID (If in Boltimore C	ity, give exoct location)	
ă	UTING CAU	SE OF DEATH.	etc.)	house	0 - 0	North Ave		
Σ	21D TIME	(Month) (Doy) (Yes	or) (Hour) 2	TE. INJURY OCCURRED		INJURY OCCUR?	•	
	OF INJURY							
		1-11-66 1	2:10 P _{m.} v	VHILE AT NOT V	Shot di	ring holdu	P	
	22.	tify that I held an	Inquiry 🗌	Inspection Aut	opsy and that a	n this basis, death	h in my aninian	
	1				Hamicide X			
	resui	rea fram: Natura Co	duses A	ccident auteide			manner 🔛	
	ACTUAL	1/1/	5 11	7	CHIEF MEDICAL		DAT	E SIGNED
	SIGNAT		21010	u Carryo.	ASSISTANT MEDICAL	EXAMINER X		
	EXAMIN	IER'S			ASSOCIATE MEDICA	EXAMINER	1-	12-66
	NAME (			ecker, M.D.				
	BURIAL CRE		23	C. NAME OF CEMETERY OF	CREMATORY 2	D. LOCATION	(City, town, or county)	(Stote)
-	Rusia	1 1-16	-166 1	Thursol A	ein	North 1	1. 1 1	110
24/	DATE REC'D	BY HEALTH DEPT.	24B, NAME	OF REGISTRAR	24C, FUNERAL DIRE	TOR BE	ADDRES	5
					H	V. O	5110 1 1 01	51
	JANT	3 1000 A A	00 9	0	Klarge A	hller 13	10 M. Cathon	- 1
VS	151-REV. 171/	85	TO CASO	g senting to		0		
		The state of the s	B 11 17 B 11 11	21.				

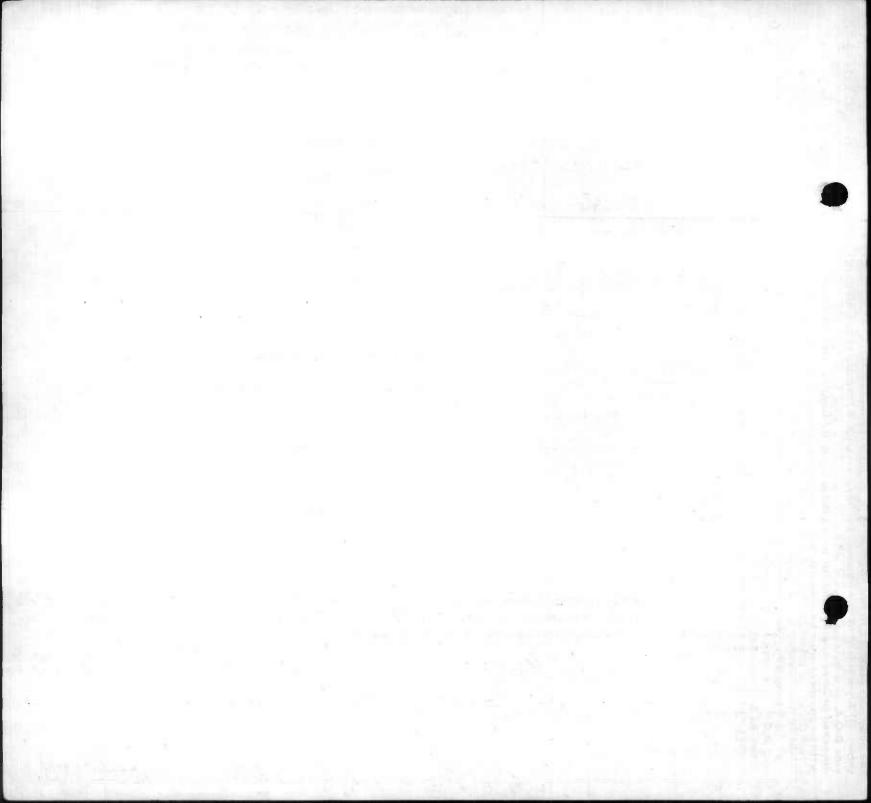


VS 151-REV. 1/1/65

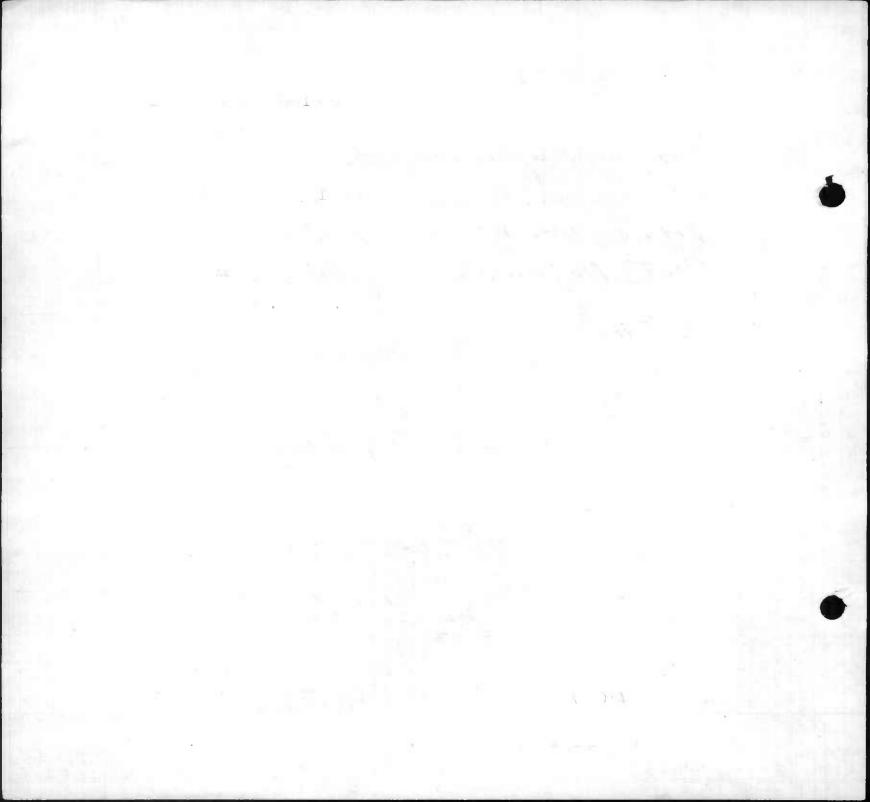
C	3 0038ZED		BALLIMORE CITY HEA		OF DE	TILL	90 0	0382
BIRTH NO.	WED	ICAL EX	CAMINER 3 C	ERTIFICATE	OF DEA	A   M Registe	red Na.	(7:31)=
M.E. CASE NO.	CEASED			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ATE AND HO	UR PRONOUNCE	ED DEAD	
(Type or Print)	Cereth	a A	nderson Se	vethic)		1/11/6	6	10:40 a
3. PLACE IN BAL	TIMORE, MARYLAND, W			4. USUAL RESIDENCE	E(Where deced			N
					arvland	B. COU	NTY	
FULL NAME OF HOSPITAL OR	ADDRESS OR LOCA	AL OR INSTITU	UTION, GIVE STREET	C. CITY OR TOWN		orote limits, write	RURAL ond	give township)
NOITUTION					Baltimo	re	14-	- 1
				D. STREET ADDRESS	(If rurol, give	location)		01
	Provident	Hospita	1		1517 N.	Stricker	St.	
5. SEX female	6. RACE colored	WIDO WED,	NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRTH	887	AGE (In years		Yr. If Under 24 Hi oys Hours Min.
	UPATION (Give kind of wor working life, even if retired)	k TOB. KIND O	F BUSINESS OR INDUSTI	RY 11. BIRTHPLACE (Stote	or foreign cou	ntry)	12. CITIZEN WHAT	OF COUNTRY?
10 CATHERIC MAA	45			Pld.	, , , , , , , , , , , , , , , , , , ,		11. 3.	4.
13. FATHER'S NAM	/ / )	-/-	1	14. MOTHER'S MAIDE	IN NAME			
Edw	ord we	5/1N9	16, SOCIAL	17. INFORMANT			ADDRESS	
	(If yes, give wor or dote		SECURITY NO.		lerson	4090		ut 84
18. //	2 1	_	CAUS	E OF DEATH		1010		NTERVAL BETWEEN
Tours	ST OR COMPITION OF	DECEL V					C	ONSET AND DEATH
DISEA	SE OR CONDITION DI LEADING TO DEATH	HECILY	Arterio	sclerotic ca	rdiovas	cular dis	ease	
heart toilure	not meen the mode of	s the disease,	DUE TO					
injury or co	mplication which coused	deoth.)						
,	ANTECENDENT CAUS	ES	(B)					
	OR CONDITIONS, IF A		DUE TO				***********	
UNDERLYII	NG CONDITION LAST.		(4)				7:1-2	
ŏ			(C)			_		
OTHER SIG	II INIFICANT CONDITIONS	CONTRIBUTI	NG					
TO THE	DEATH BUT NOT RE	LATED TO T						
-			WHICH OPERATION	20A. AUTOPSY? (Ye	s or No) 20B.	IF YES, WERE FIR	IDINGS COL	NSIDERED
0	WAS PER	REFORMED		no	IN C	ERTIFYING CAUS	ES OF DEAT	TH?
O UNDERLYING	CAUSE WAS OR CONTRIB-	21 B. home etc.)	PLACE OF INJURY (e.g., e, form, factory, street,	, in or obout 21C. WHER office bldg., INJURY OC	E DID (If in	Boltimore City, gi	re exact loca	otion)
<b>T</b>								
OF INJURY (APPROX.)	(Month) (Doy) (Yea		WHILE AT NOT	WHILE WORK	DID INJURY O	CCUR?		
22.	attu shas I bald an				na an abia ba	ata daash la m	v enlalen	No.
	tify that I held an I					sis, death In m		
rosu	Ited from: Natural ca	uses X	Accident Suici			termined manne	3r 🗀	
ACTUA	11114	.6 h	9/1/	CHIEF MEDIC				DATE SIGNED
SIGNAT		v1.	gre M.I	ASSISTANT MEDI			- /-	1166
EXAMIN	T /		1	ASSOCIATE MEDI	CAL EXAMI	NER	1/1	1/66
NAME (	VI at a little at	U. Spit	Z. M.D.	OF CREMATORY	23 D. LOCAT	TION (City.	town, or cou	unty) (State)
REMOVAL (Specif		, ,	box M	1	13	11.		1/
Buria,	1-15-	66	MIT Aubur	NIChm.	100,1	17/1008	63	met.
	BY HEALTH DEPT.		OF REGISTRAR	24C. FUNERAL D	PIRECTOR	41	AD	DRESS
JAN 1	3 1966 (R.C.	Jr 8. J	Cestocy Press	den	se de	lela 1	13481	Millen



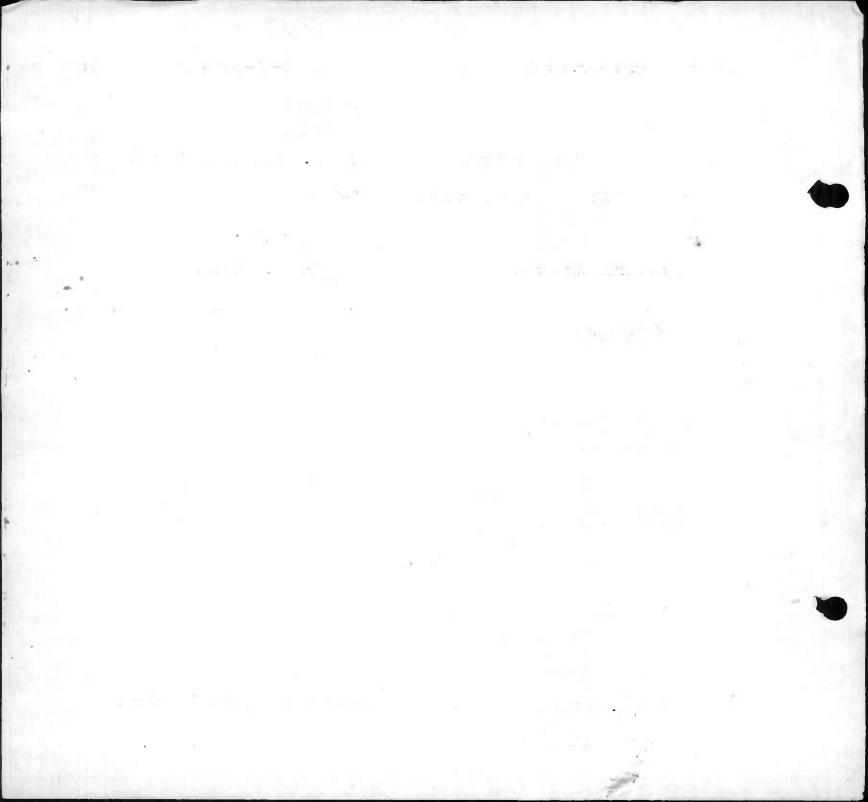
				BALTIMORE CI	TY HEALTH D	EPARTMENT	W	0 2
1	H NO. . CASE NO.	66 003	83	CERTIFIC	ATE OF	DEATH	Registered Na	66 110383
1, N	AME OF DECEASED				, , , , , , , , , , , , , , , , , , ,	2. DATE	AND HOUR OF DEATH	11. 0115 1
	JESTEY LACE OF DEATH IN BAL	Mrs.	Go1:	9	The Herral	1/4	N. 7-17	00 8,45 /7 M.
3, F	LACE OF DEATH IN BAL	IIMORE, MARILA	ND		A. STATE	B. CO		
H	ULL NAME OF (If no odder NSTITUTION	ot in hospitol or in ess or tocotion)	stitution, give	street	C. CITY OF	Jand III		RURAL ond give township)
/"	NSITIOTION				0		4 1	73-00
1							(If rural, give location)	
I	Son Secou	115 H	ospits	/	73	rd St		
5. \$	EX 6. RACE	7. 1	ARRIED, NEV	VER MARRIED	8. DATE OF	BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
6	Eemale Wh			e d	7/13	5/02	(a 2	Total Mars Doys Trooms Tourns
10A.	USUAL OCCUPATION (G	ve kind of work 10 B.	KIND OF BUS	INESS OR INDUST	RY 11. BIRTHPL	ACE (Stote or f	oreign country)	12. CITIZEN OF
done	during most of working life, of HOUSEWIFE	even if retired)	Own H	ORC	Bisho	oville.	Mary Iand	WHAT COUNTRY?
13. F	FATHER'S NAME				14. MOTHE	S MAIDEN	0	
	10 sudov	- C. 6.2	11		4	ettie	Colli	ns
15. V	Was Deceased Ever in U.	S. Armed Forces?	] 16.	SOCIAL	17. INFORM	ANT		ADDRESS
(ies	,no or unknown) (If yes, giv	XX		SECURITY NO. 15-14-346	Arthu	rR. Je	ster Ocean	City, Md.
	18.4-221			CAUSE	OF DEATH	1	<del></del>	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR COM		LY	A .	111			-
		TO DEATH		(A) /7 -	S.C. V.	)		INO YEARS
	(This daes not meon II heart foilure, osthenio, e	itc. II means the	diseose,	DUE TO				
	injury or complication w		th.)	Ge	NERAL	IZEN	ARTERIOS	CLE YERRS
	ANTECEDE	NT CAUSES		DUE TO			R	35/3
	nise to the abave			160				/
	UNDERLYING CONDITI		ing ine	(C)				00 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
		1						
NO O	OTHER SIGNIFICANT CO							100
ATION	TO THE DEATH BUT		TO THE					
CERTIFIC	19A. DATE OF OPERATION	WAS PERFORM		CH OPERATION	20 A. AU	OPSY? (Yes or	No. 208. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
E E	21A. ACCIDENT WAS UP	NDERLYING	21 B. PLA	CE OF INJURY (e.g.	, in a obout 21	C. WHERE DID	(If in Bottimo	ne City, give exact location)
AL	OR CONTRIBUTING CA	AUSE OF	home, fe	orm, factory, street,	office bldg., IN	JURY OCCUR?		
U		Doy) (Yeor) (H	out) 21 F 1N I	URY OCCURRED	21	F HOW DID	INJURY OCCUR?	
	OF INJURY	, (1.00)	While A			. NOW DID	INJORT OCCOR:	
	(APPROX.)		Work	☐ At Wo		ander .	11 9	216
	22. I certify that (I) (t	his haspital) at	tended the d	-	2-13	1-	1966 to VF	+N-9- 1966,
	that (I) (we) lost saw	the deceased a	ive an	VAN. 4	19_4	and and	that in (my) (our) ap	pinian death accurred on the date
	and hour and fram the	couses stated	bove. (I) (W	e) (did) (did not)				
	23A. SIGNATURE					-		23B DATE SIGNED
	Paustin	0000	amb	0 . M.D. A	ttending	Med. Director	Stoff 6	JAN- 9 1966
1	23C. PAYSICIAN'S	acci C	10110	,	23D-ADDRES		Phys.	
	MANUE (Type)	1. J-	1401	MPA MI	1da	1 551	COURS H	asa BALT. Md
244	7760571	NOE	Q/7/	110	1,5			030. 1011-1. 1116
24 A	BURIAL CREMATION, 2 REMOVAL (Specify)	4B. DATE	24C. NAME	of CEMETERY of C				City, town, or county) (State)
L	BURIAL	1/12/66		0.3.3	lows	1	sishopville	n. Md.
25A	. DATE REC'D BY HEALTH	1 DEPT. 25B.	NAME OF R		25C. FU	VERAL DIRECT		ADDRESS A
	JAN 13 1966	Rolling ST	E, Start	ENPAR .	1	UNI	chalus XI	ellestille Nel.
VS 1	150-REV. 1/1/65		9 6	00	0 0	3 0	1	1 miles



		00.0026	A BALTIMORE CITY	HEALTH DEPARTMENT	VI C	0 00284
BIRT	TH NO.	66 0038	CERTIFICA	TE OF DEATH	Registered No.	66 00384
	CASE NO.		32.11.11.13.1			
	AME OF DECEASED			2. DATE A	ND HOUR OF DEATH	
3. 1	PLACE OF DEATH IN BA	LTIMORE MARYLAND	George Gr.	4. USUAL RESIDENCE (WH A. STATE B. COL	ere deceased lived. If in	stilution: residence before admission)
1/1	HOSPITAL OR Odd	not in hospital or institut ress or location)	10 10	Maryland c. city or town are	Annei Arund	el URAL and give township)
1	, Control of	2 mary	Hospital	D. STREET ADDRESS	Heights/	Can be though
5. 5	00(171	1	and silly	B. DATE OF BIRTH	ley Road	1. 1. 1. W. ky /2.
3. 3	hale Ca		MED, NEVER MARRIED (Specify)	/(/19/9)	9. AGE (In years lost birthday)	Months Ooys Hours Min.
	. USUAL OCCUPATION (Control of during most of working life,		OF BUSINESS OR INOUSTRY	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY?
uon	2) /	nachinist	retined	Baltimo	marsha	U-CA
13.	FATHER'S NAME			14. MOTHER'S MAIDEN N	AME	3 3 3 7 7
1	Albert Was Deceased Ever in U.	Vazan	Pills	mary 17. INFORMANT	muo lles	
	s, no or unknown) (If yes, gi	ve wor of dotes of servi	SECURITY NO.		M	AODRESS
	NO NO	one	CAUSE O	Mrs. Ella E.	Nazarenus s	ame address
	DISEASE OF CO	NOTION DIRECTLY	CAUSE	, J	7 / /	INTERVAL BETWEEN ONSET AND DEATH
-	(This does not mean	TO DEATH	e.g., QUE TO	140 cardial	Lutauti	247
	heart failure, osthenio, injury ar camplication	elc. Il means the dise		ald se	nd new	
	ANTECEDI	ENT CAUSES	OUE TO	er plud	Vis Challen +	zieffileing.
	DISEASES OR COND			lu aorta	Econbulis.	mil
	rise Ia the abave UNDERLYING CONDIT		The (C)	ang Tid 12	Amonas e	entalita
		li .	,,,,	Teller 11	1	
ATION	OTHER SIGNIFICANT CO TO THE DEATH BU DISEASE OR CONDITION	T NOT RELATED TO	TING		/	
RTIFIC	19A. DATE OF OPERATIO	N 198. CONDITION F	or which operation	20A. AUTOPSY? (Yes or h	10) 20B. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
AL CE	OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CO	AUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 21C. WHERE DID	(If in Baltimore	City, give exact locotion)
DIC.	11/3	(Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID IN		
ME	OF INJURY (APPROX.)	(Con (1100)	While At   // Not Whil			
	100				120	1
			ed the deceased from	VV. G	19 0 10 10	n - 1  1960.
	that (1) (we) lost saw		//	-		nion death occurred on the date
	23A. SIGNATURE	couses stoted obov	e. (1) (We) (dtd) (did not) v	iew the body ofter death	•	23 B. DATE SIGNED
	16.0	To	M.O. Atte	ending Med.	Stolf	D 13 1941
	23C. PHYSICIAN'S	ng fu		23D. ADDRESS UN III	Phys. C. C.	Jan -15 -11 66
	KANO	G/FAN	M.D.	Baltimor	2 marsto	14 2121 R
244	REMOVAL (Specify)		C. NAME of CEMETERY OF CRE	MATORY 24D.	LOCATION / (Cit	y, town, or county) (Stole)
25A	Burial DATE REC'D BY HEALT	1/18/1966   H DEPT.   258, NAM	Loudon Park Ce	me tery I	Baltimore, Ma	ryland
	JAN 13 1966	Rent E	Fallownia _	Wmtish	ner - Som	hoste of Parlune
V5	150-REV. 1/1/65	7	0000	0600		



	66 00	335	BALTIMORE CITY	HEALTH DEPARTMENT		66 00385
	TH NO. KNOXUILE, TENN-		CERTIFICA	TE OF DEATH	Registered No	00 0000
	E CASE NO.			2. DATE	AND HOUR OF DEAT	Н
(Тур	Gina Cranda	11		1-1	2-66	1:40 p
3. 1	PLACE OF DEATH IN BALTIMORE, MA	ARYLAND			here deceased lived, If	institution: residence before admission)
١.		1111			DIVIT	
1	FULL NAME OF (If not in hospital HOSPITAL OR oddress or location	or institution,	give street	C. CITY OR TOWN (IF	outside city limits, write	e RURAL and give township)
2	NSTITUTION			Knowille		11-39
-				D. STREET ADDRESS		
T	he Johns HOpkins	Hospit	cal	c/o T. Mil	ller RT #20	Ball Road
5. 5	EX 6. RACE		NEVER MARRIED D. DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
F	emale White		Married	2-27-65	lost billingy,	10
IOA	USUAL OCCUPATION (Give kind of wor	k 10B. KIND O		11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?
don	e during most of working life, even if retired)			Knoxville, T	enn.	WHAT COUNTRY
13.	FATHER'S NAME			14. MOTHER'S MAIDEN N		
		1 - 1 1		T., 3:+1 C	M:17	
	Herbart WAN Crand		1 6. SOCIAL	Judith G.		ADDRESS
(Ye	Wos Deceosed Ever in U.S. Armed Fo s,no or unknown) (If yes, give wor or do	es of service)	SECURITY NO.			ate 2 Ball Road
				Mr. Herbert C	randall Kn	oxville, Tenn.
	18. 75451		CAUSE O			INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DE		, 69	ANOTIC GENITAL HEG		
	LEADING TO DEATH		(A) CON	16EN119/ 1724	TKY DISZAS	E // mor
	heart failure, osthenia, etc. It meon:	s the disease,				
	injury or camplication which couse		(B)			
	ANTECEDENT CAUSE		DUE TO			one a a maga a term of the second of a control and a contr
	DISEASES OR CONDITIONS, it					
	UNDERLYING CONDITION Iosi.					
	- 11					
ATION	OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL			1/1/15		
	DISEASE OR CONDITION CAUSING	IT.	SURGEN WHICH OPERATION	20A. AUTOPSY? (Yes or	Nell 200 IF MEE MEE	E FINDINGS CONSIDERED
RTIFIC	WAS PE	RFORMED		129-		AUSES OF DEATH?
CER	21A. ACCIDENT WAS UNDERLYING		NGEN. HEART DIS	n or obout 21C. WHERE DID	(II in Boltim	ore City, give exact location)
AL (	OR CONTRIBUTING CAUSE OF	hor	ne, form, factory, street, of	fice bldg., INJURY OCCUR?		
U						
MEDI	OF INJURY (Month) (Doy) (Year		injury occurred  Not While	21F. HOW DID I	NJURY OCCUR!	
<	(APPROX.)	W	ork At Work			/
	22. I certify that (this hospite	i) attended	the deceased fram	12/3/15	1966 10	6/12 1966
	that (1) (we) last saw the deceas		/ .	19 6 6 and	that in (my) (Que) a	pinian death accurred an the da
	and hour and fram the causes sta		2			
	23A. SIGNATURE		(1)	100 700 0007		23B. DATE SIGNED
	Pa OM hea	11. 0	M.D. Atte	ending Med.	Stoff Phys.	1/12/66
	23C. PHYSICIAN'S		Phy	s. Director 23D. ADDRESS	Phys.	11706
	NAME (Type)		M.D.		Topleine Tie	cnital
2.4	Paul M. Leand	1040 1		The Johns I		
241	A. BURIAL CREMATION, 248. DATE REMOVAL (Specify)	24C. N	AME of CEMETERY of CRI	EMATORY 24D	. LOCATION	(City, town, or county) (Stote)
	Removal 1/13/	1966			Knoxville, I	Cenn.
25	A. DATE REC'D BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	25C. FUNERAL DIRECT		Beltie md 17
	JAN 1 3 1966 ( P. P.	12 8 Ja	2. Down A.A	Wm. L. Je	chnor & Son	o Zorth Pa.
VS	150-REV. 1/1/65	7	O 6 U 3	0 3 8		



BALTIMORE CITY HEALTH DEPARTMENT

66 00386

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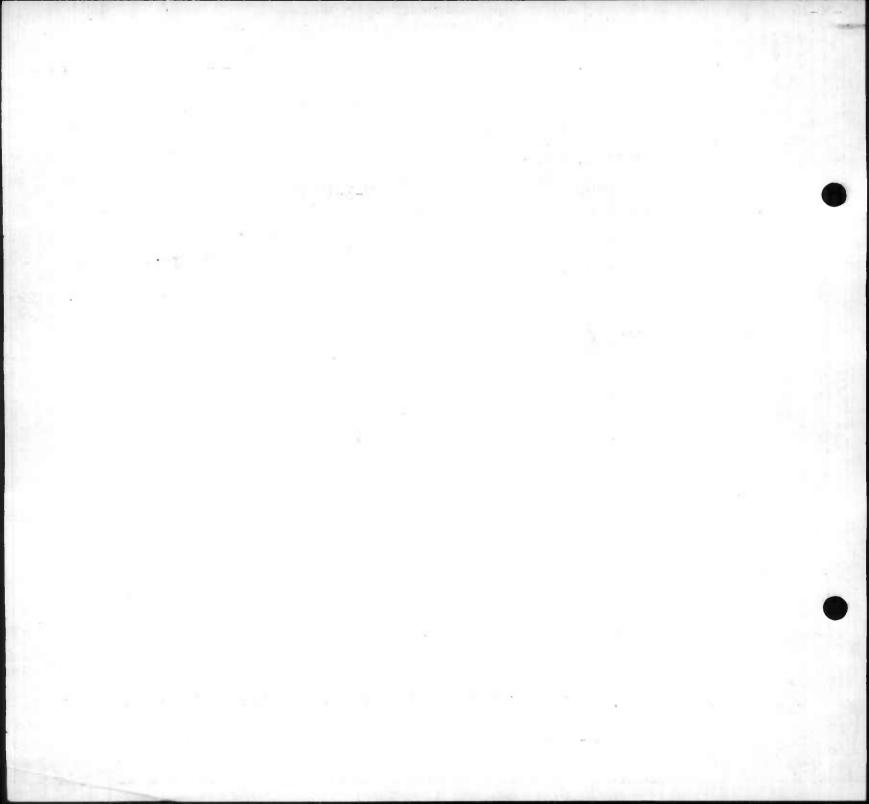
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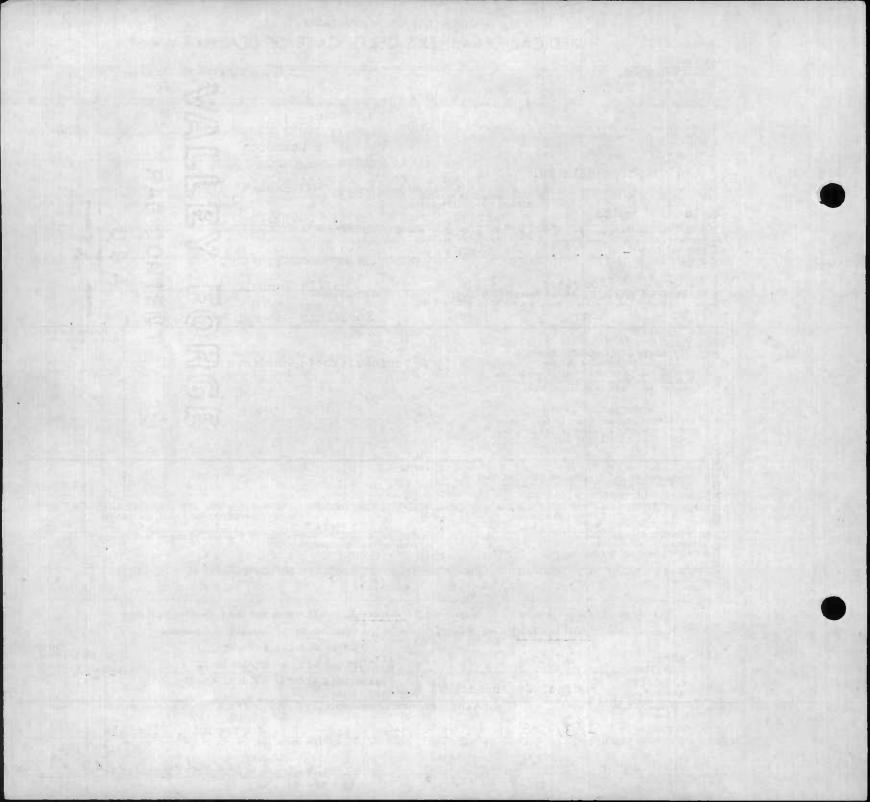
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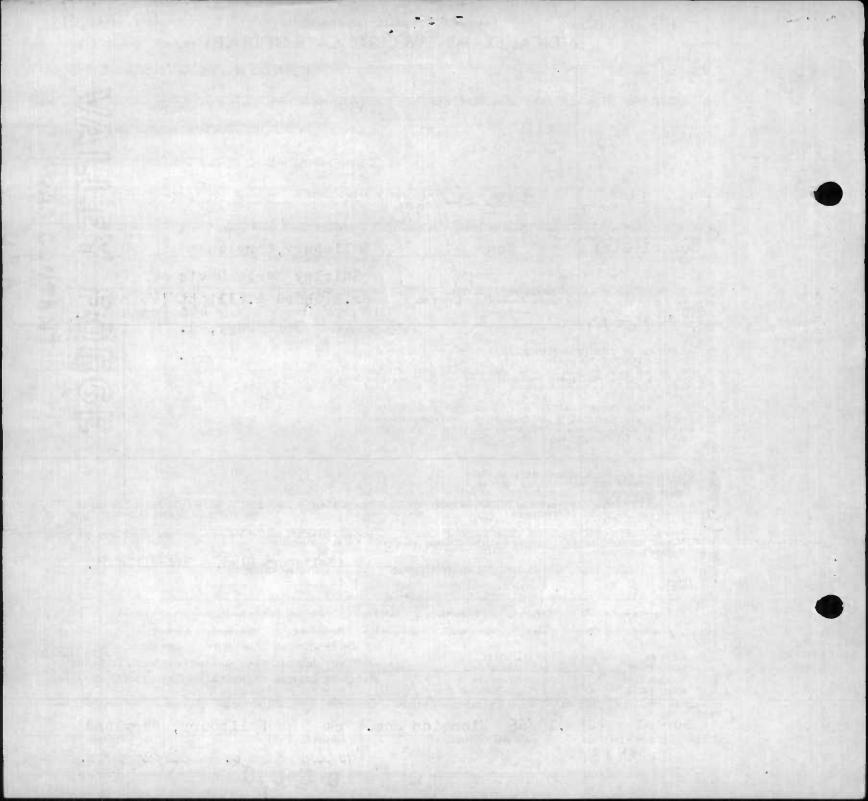
DI D'	TH NO.	003877	BALTIM CAL EXAM		TH DEPARTMEN	1/	FATH Registe	bb. ()	10387	
-	E. CASE NO.	MILDI	CAL LAAM	II TEK 5 C	LKTIITCAT	LOID				
1. 1	NAME OF DEC	EASED				2. DATE AND	HOUR PRONOUNC	ED DEAD		
Tiy	pe ar Print)	PAUL E. ROB	ERTSON				ary 12, 190		11:15 A	M.
3. P	LACE IN BALT	IMORE, MARYLAND, W	HERE PRONOUNCED	DEAD	IIA. SIAIE		eceased lived. If inst	itution: reside	nce befare admis	sian)
FUI	L NAME OF	(IF NOT IN HOSPITA	AL OR INSTITUTION,	GIVE STREET	Vi	rginia				
HO	SPITAL OR	ADDRESS OR LOCA	(NOIT)		_	rtsmouth	corporate limits, write	KUKAL ONG	give township	
1								V	-40	
	4701	Strathdale R	d.		D. STREET ADDR					
5. 9	EX	6. RACE	7. MARRIED, NEVER	MARRIED	8. DATE OF BIRTH	4 Dougla	9. AGE (In years	If Under 1	Yr. If Under 24	Hrs.
m	ale	white	Married		C	1006	last birthdays	Months D	ays   Hours   N	in.
		JPATION (Give kind of work working life, even if retired)			Sept. 5,			12. CITIZEN	I OF	
								WHAT	COUNTRY?	
	FATHER'S NAM	r - U. S. N.	Servic	е	14. MOTHER'S MA	AIDEN NAME				
	Ira	Robertson			TT-AAS	- M7	7			
	WAS DECEASE	D EVER IN U.S. ARMED	FORCES? 16. SOC		17. INFORMANT	e Terrel		ADDRESS		
(Te	No No	Ollf yes, give war ar dote None	s of service) SEC	URITY NO.	Snelling	e Tunana	1 Home Por	ada ann ann Al	h 77	
-	18.	7) /		CAUSE	OF DEATH	5 Funera	T DOME FOI		NTERVAL BETWE	EN
	4	× 1 / 1		0,1000					DNSET AND DE	TH
	DISEA	SE OR CONDITION DI LEADING TO DEATH		(A) Arter	ioscleroti	c cardio	ovascular o	disease		
	heort foilure,	not mean the mode of asthenia, etc. It means	the disease,	DUE TO		******************				
	injury or co	mplication which coused	death.)							
	A	ANTECENDENT CAUSE	S	(8)				4/10		
	DISEASES RISE TO TH	OR CONDITIONS, IF A E ABOVE CAUSE (A) ST	NY, GIVING	DUE TO						
_		NG CONDITION LAST.		(6)						
Ó		II .		10/200000000000000000000000000000000000	0040+4++02000004040400000				0.0000000000000000000000000000000000000	
¥		NIFICANT CONDITIONS								
ERTIFICATION		R CONDITION CAUSING							0	
ERT	19A. DATE OF	OPERATION 198, CON		OPERATION	20A. AUTOPSY?		B. IF YES, WERE FI			
C	2				yes			yes		
5	UNDERLYING	L CAUSE WAS OR CONTRIB-	home, fam,	OF INJURY (e.g., foctory, street, c	in or obout 21C. W	HERE DID (If	in Soltimore City, gi	ve exoct lace	ation)	
0	UTING LCAU	SE OF DEATH.	etc.)							
Σ	21 D TIME OF INJURY	(Month) (Doy) (Year	) (Hour) 21 E. INJ	JRY OCCURRED	21 F. H.C	W DID INJUR	Y OCCUR?			
	(APPROX.)		m. WHILE A	T NOT	WHILE ORK					
	22.	tify that I held an I	nauiry   Inspe	stion Au	ensy X and	that on this	bosis, deoth in r	ny opinion		
		ted from: Natural co		/ 1			determined monn			
	19201	Ted from: National Col	Accident	Joicia		EDICAL EXA		ei 🗀		
	ACTUA	L X( //>	MADOIR	. 4	A CCICTANT AIR				DATE SIGNE	D
	SIGNAT		MACINE	CHM.D				1	-12-66	
	EXAMIN NAME (	. IRIIGIGA	r Breiteneck	ker, M.D.	ASSOCIATE M	EDICAL EXA	MINEK			
	BURIAL CRE	MATION, 288. DATE	23C. NAM	E of CEMETERY	CREMATORY	23 D. LO	CATION (City	, tawn, ar cau	unty) (State	)
RE/	Removal	1/13/3	966 013	TO Branch	Camata	Pa	ntemouth	Wi maini		
24/		8Y HEALTH DEPT.	248. NAME OF REGI	STRAR	Ceme tery	AL DIRECTOR	rtsmouth,	VITGINI	PRESS	4
	18414	9 4000 A 0	LO KO	44 B	2.1	1/	nerdlow	Gal	win mo	/
	JANI		Ar E. Farly	C	Wm	Litual	nerden	2 not	the ra	.60
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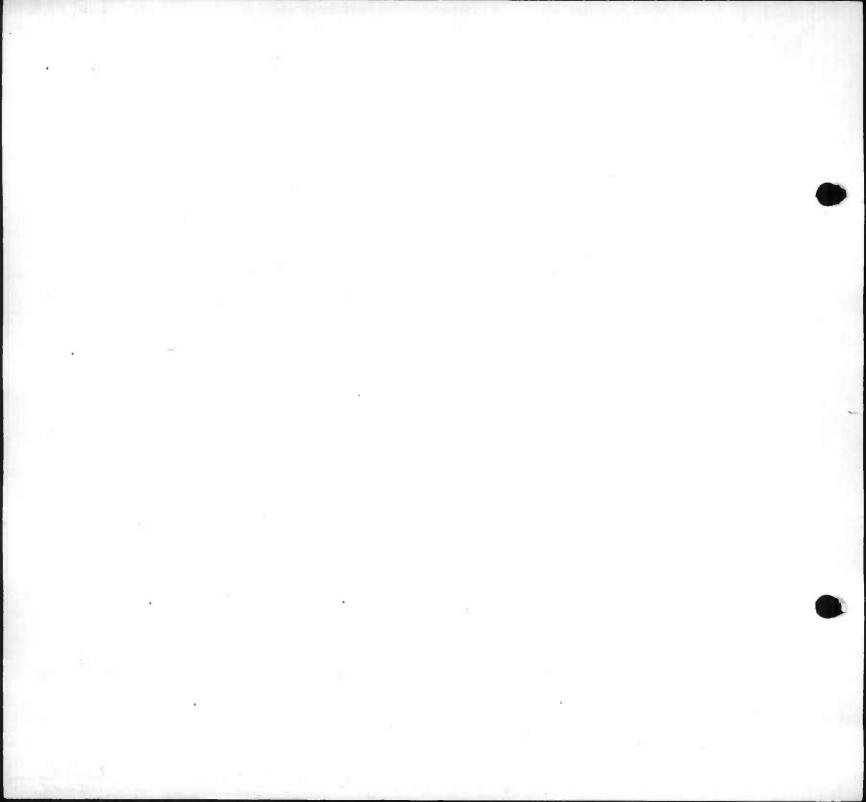
	BALTIMORE CIT	Y HEALTH DEPARTMENT	20.0000
BIRTH NO. 66 0038	8 CERTIFICA	ATE OF DEATH Registered No.	66 00388
M.E. CASE NO.  1. NAME OF DECEASED		2. DATE AND HOUR OF DEATH	1
(Type or Mil 9 Non M,	Werk and	I powary	11,66 9:05 AN
3. PLACE OF BEATH IN BALTIMORE, MARYLA	ND	4. USUAL RESIDENCE (Where deceesed lived. If A. STATE B. COUNTY	institution: residence befere edmissien)
FULL NAME OF (If not in hespitet er in:	stitution, give street	Magueland	15-11
HOSPITAL OR eddress er lecotion)		C. CITY OR TOWN (If outside city limits, write	RURAL and give tewnship)
		Nal to more	
( h/	- / 7/	Di STREET ADDRESS (Il rural, give locotion)	//
union memor	AARRIED, NEVER MARRIED		way and
Female White	Married (specify)	B. DATE OF BIRTY 13/90 AGE (In years Balty was Modern of Balty was Modern of Balty was Modern of Balty was Modern of Balty was a second of Balty was a sec	Months Doys Hours Min.
IDA, USUAL OCCUPATION (Give kind of werk 10 B, dene during mest of werking life, even if retired)	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or fereign country)	12. CITIZEN OF WHAT COUNTRY?
Warren !		Buldimine Md	,
13. FATHER'S NAME	2 11/	14. MOTHER'S MAIDEN NAME	
Reorge 19, 1	hills	Dellin Boula	
5. Wes Deceased Ever in U. S. Armed Ferces? Yes, ne or unknewn) (If yes, give wer or dotes of	1 6. SOCIAL	17. INFORMANT	112 Calloway Ave.
Np None	service) SECURITY NO.	Mr. George S. Weikart B	altimore, Md. 15
18. 1/ 6 % 1	CAUSE	OF DEATH /	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECT			ONSET AND DEATH
LEADING TO DEATH		a less variation A.	X 9 hours
(This daes not mean the mode of dyin			
heart foilure, osthenia, etc. It meons the injury or complication which coused deal			
ANTECEDENT CAUSES	(B)	***************************************	
DISEASES OR CONDITIONS, if ony,	DUE TO	+ 1+ 11	/ / /
rise to the above couse (A) state		elerio ederati ladioua	Egylor deseare
UNDERLYING CONDITION Iosi.			
2			
OTHER SIGNIFICANT CONDITIONS CONT	TO THE		
DISEASE OR CONDITION CAUSING IT.	N FOR WHICH OPERATION	[20A, AUTOPSY? (Yes er No)] 208. IF YES WEDE	FINDINGS CONSIDERED
WAS PERFORM		20A. AUTOPSY? (Yes er No) 20B. IF YES, WERE IN CERTIFYING C.	AUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	in er ebout 21 C. WHERE DID (If in Bellimo	re City, give exoct lecotion)
OR CONTRIBUTING CAUSE OF DEATH (netify medical examinar)	heme, form, factory, street, etc.)	office bldg., INJURY OCCUR?	
21D. TIME (Menth) (Dey) (Yeer) (Ho		21F. HOW DID INJURY OCCUR?	
F OF INJURY	While At Not Wh		
(APPROX.)	Werk At Werk		
22. I certify that (1) (this hospital) att	ended the deceased fram	1966 10	1/11 196 8
that (1) (we) last saw the deceased al	. / / /	19 6 and that in (my) (aur) as	Inlan death occurred an the da
and havr and fram the causes stated a			The desired on the de
23A. SIGNATURE	bave. (1) (we) (ala) (ala har)	view the bady after death.	23 B. DATE SIGNED
1 STATE OF THE STA	7/ 10 M.D. AI	tending Med. Steff	23 BATE SIGNED
Wonald Ve		ys. Director Phys	11/6
123C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	OD LTAI
DONALD G. HALL	M.D	UNION MEMORIAL HO	SPITAL
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY er C	REMATORY 24D. LOCATION (	City, tewn, or county) (State)
Burial 1 - 14- 66	Druid Ridge Ce	metery Pikesville, N	1d.
	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	O I LADDRESS 1 7
IAN 1 3 1966 ( 0 0 A 8	OFTER BOUND OF	07Nn 1 2 2/ 12	Jullo mot .
VS 150-REV. 1/1/65	No.	Maluel A romer assur	noun - fa. va
			4.4

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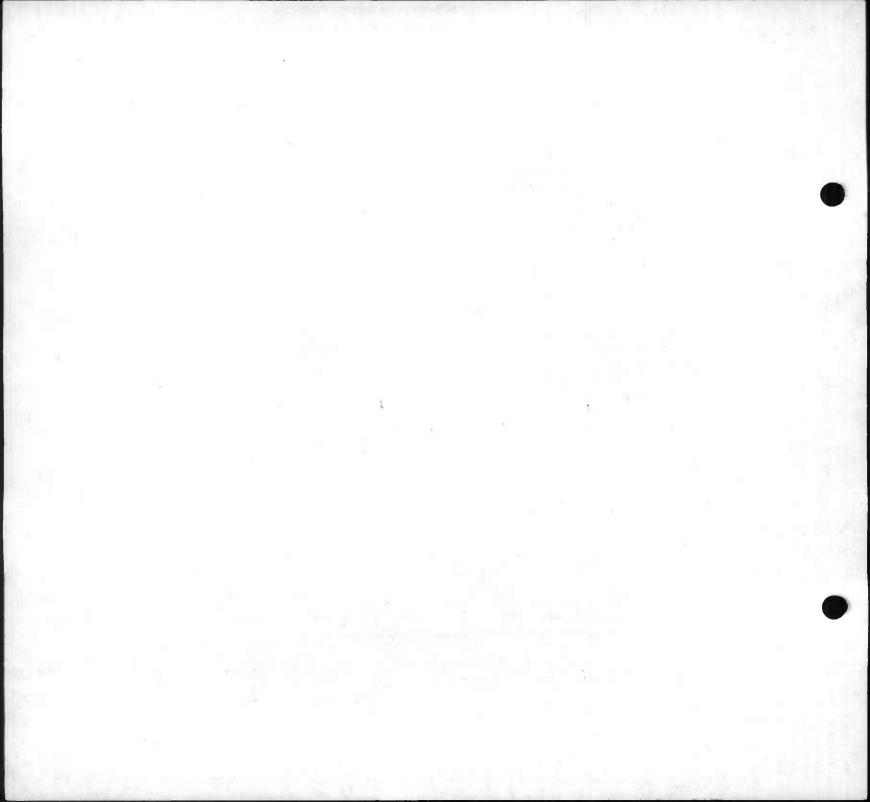
VS 151-REV. 1/1/65



	66 00390	BALTIMORE CITY	HEALTH	DEPARTMENT		66 00390
BIRTH	NO.	CERTIFICA	TE OI	DEATH	Registered Na	00 00030
1. NA	CASE NO. ME OF DECEASED / /	1		2. DATE AND	HOUR OF DEATH	
Туре	or Print) FITER L. K	UYAWA		JAN.	7 1966	2:40 A. M.
3. PL.	ACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL	RESIDENCE (Where		stitution: residence before admission)
	LL NAME OF (If not in hospital or institut OSPITAL OR address or location)	ion, give street	MA	RYLAND	>	1-01
IN:	STITUTION	1 0	c. clay	OR TOWN (If outsi	ide city limits, write i	RURAL and give township)
10	1111 S. ROBIN	SON ST.	O. STREET	ADORESS (IF ru	ral, give location)	
			111.	S. ROB	INSON	57.
S. SE		RIED, NEVER MARRIED DWED, DIVORCED (specify)	1-3	0-1890 10	AGE (In years	tf Under 1 Yr. tf Under 24 Hrs. Months Doys Hours Min.
	JSUAL OCCUPATION (Give kind of work 10B. KIN) degring most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHI	PLACE (State or foreign	n country)	12. CITIZEN OF WHAT COUNTRY?
done		TINENTAL (AN	BA	TIMAR	F MD	11.51
13. FA	THER'S NAME	THE CHIP CHIP	14. MOTH	ER'S MAIDEN NAM	E,	01011
6	EORGE KUYAWA		MI	PERAT	111 TRE	20/04/5/4
15. W	os Deceosed Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFOR	PGERATI	4/1 200	ADORESS'
	oprunknown) (If yes, give war or dates of serv	SECURITY NO.	me	oc CH	11111 11	115 Parilean
_	B. // 2 2 /1	CAUSE 0	E DEATH	3, J. 1/4	II KWKY	INTERVAL BETWEEN S
	DISEASE OR CONDITION DIRECTLY	CAUSE O	DEATH			ONSET AND DEATH
	LEADING TO DEATH	(A) Ar	terio	selereti	c Cardio-	5 vrs.
	This does not meon the mode of dying, least failuse, asthenia, etc. It means the dise	e.g., DUE TO		cular Di		
	njuly of complication which coused death.)		A est 5	Carar, DT;	24822	
	ANTECEDENT CAUSES	(B) DUE TO			•••••••	
	DISEASES OR CONDITIONS, if ony, gi					
	ise to the obove couse (A) stoting JNDERLYING CONDITION lost.	the (C)				
	- 11					
O	OTHER SIGNIFICANT CONDITIONS CONTRIBUTOR THE DEATH BUT NOT RELATED TO	JTING THE				
CAT	OISEASE OR CONDITION CAUSING IT.		120 A A	LITOBENA (Voc. o. No)	200 IE VEC WERE	EINDINGS CONSIDERED
CERTIFICATIO	9A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	204. 4	U OPST? (Tes of No.	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
U 2	IA. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., in	n or about	CO. WHERE DID	(If in Bottimore	City, give exact location)
	DR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, of	mce blag., 1	NJURI OCCUR!		
0 2	1D. TIME (Month) (Day) (Year) (Hour)	21E INJURY OCCURRED	1	IF. HOW DID INJU	RY OCCUR?	
¥ (	OF INJURY Approx.)	While At Work  Work  Not While  At Work				
2	2. I certify that (I) (this hospital) attend		Feb	10	61 to Jar	10 6 6
	hat (1) (we) last saw the deceased alive	/				
	nd haur and fram the causes stated abay				Till(III) (Bas) opi	man deam accorred an me date
	3A. SIGNATURE	2	/IOW THE D	ady after death.		23 B. DATE SIGNED
	allan and del ten		ending 1	Med.	toff	1/8/66
2	3C. PHYSICIAN'S	Phy	23 D. ADDR		Phy s.	1/0/99
	Clarence W. LeDo				n Arra	
244.		C. NAME of CEMETERY of CRI	30	23 Easter		ty, town, or county) (State)
770	BURIAL CREMATION, 248. DATE 24	1 1 1		-01	/	- NA
C	DATE REC'D BY HEALTH DEPT. 25B. NA.	MAKLALUN (FI	METE	KY LJA	LTIMORE	CUNTY, IND.
ZJA.	JAN 13 1966 (12 D	ME OF REGISTRAR	250.	COA A . I.	15.1-2.1	1 LANGE 3 OF CA
VE 1	50-REV. 1/1765	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	174	FF INDA NOW	TUNERAL	Mant Odl8
W 3 1 1	N-BE V. 1/1/03	and the same of th				

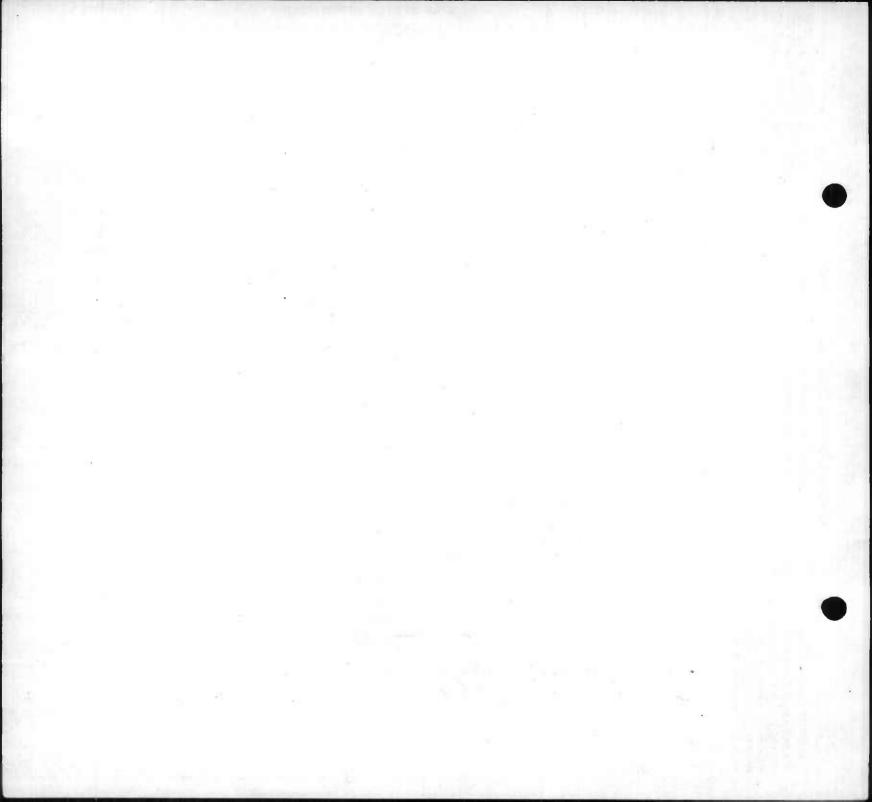


M. C. ASE NO.  IT NAME OF DECRASED  IT PRACE OF DEATH IN SALTIMORE, MARKLAND  PULL NAME OF (If not in hospital or institution, give sheet)  OSPITAL OR odders or location.  INSTITUTION  SECOLATION OF THE STORM OF T		CERTIFICATE OF DEATH  Registered No. 66 00391
LULIAL ESPONSOR OF CECASED WAS II Institution middene before a direction of the control of the c	2 1.	NAME OF DECEASED  2. DATE AND HOUR OF DEATH
BOD SECOUL HOSPITAL  DISTRICT ADDRESS (III need gave localise)  S. SEX  S. RACE  MITTER  MASKERS NITERAL NIVER MARKED  MODOWND DIVORCID Logacity  MODOWND Logacity  M	3.	PLACE OF DEATH IN BALTIMORE, MARYLAND  4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  A. STATE  B. COUNTY
DEAD SECOUL HOPITAL  D. STREET ADDRESS (II road, ger location)  D. ADDRESS (III road, ger location)  D.		INSTITUTION (If outside city limits, write RURAL and give township)
S. SER S. BACE MARKED NOVER MARKED DIOSEND SOR IN DUSTRY 13. BETTER 19. AGE (in years lies) brinded? Manie 1909 House Min.  10. USUAL OCCUPATION (Give kind of work) OR RIND OF BUSINESS OR INDUSTRY 13. BETTER ACT (Side or longing country)  13. FATHER'S NAME  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. Wes Deceased Ever in U. S. Armed Forces?  16. SOCIAL  17. INFORMANT  18. OCCUPATION (Give kind of work) OR RIND OF BUSINESS OR INDUSTRY 13. BETTER ACT (Side or longing country)  19. LATTER'S NAME  19. MARKED MIN. NAME  19. MOTHER'S MAIDEN NAME  19. MOTHER'S	1	D. STREET ADDRESS (If rurol, give location)
IDA USUAL OCCUPATION (Give hind of working) life, work of a local process of industry in the street of the other street of the	5.	SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) Months; Doys Hours; Min.
15. Wes Decessed Eve in U. S. Armed Forcer? Tes, no unknownell yes, give wor or doles of service)  16. SOCIAL Tes, no unknownell yes, give wor or doles of service)  17. INFORMANT  18. J. INFORMANT  19. INFORMAN		A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
15. WES DECESSED SECONDITION DIRECTLY LEADING TO DEATH  (This does not mean the made of dying, s.g., heart failure, astherine, etc., It means the disease, injury or complication which coused death, and the disease, injury or complication which coused death, and the disease, injury or complication which coused death, and the disease, injury or complication which coused death, and the disease, injury or complication which coused death, and the disease, injury or complication which coused death, and the disease, injury or complication which coused death, and the disease, injury or complication which coused death, and the disease, injury or complication which coused death, and the disease, injury or complication which coused death, and the disease, injury or complication which coused death, and the disease, injury or complication which coused death, and the disease, injury or complication which coused death, and the disease, injury or complication which coused death, and the disease, injury or complication which coused death, and the disease, injury or complication which are the death of the disease, injury or complication which are the death of the disease, injury or complication which are the death of the disease, injury or complication which are the death of the disease, injury or complication which it is an injury or complication which is an injury or complication which it is an injury or complication or complication which it is an injury or complete the deceased disease,	13	HOUSTWIFE BALTO, MJ, USA.
Tespa or unknown  fill yes, give wor or dotes of service)   SECURITINO.   SECURITINO	15	Wes Decesed Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the made of dying, e.g., heard failure, astheria, etc. It means the disease, injury or complication which caused deaths).  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the dave cause (A) stoling the UNDERLYING CONDITION lost.  ANTECEDENT CAUSES  DISEASES OR CONDITIONS CONTRIBUTING CONDITIONS CONTRIBUTING CONDITION TO THE DEATH SITE OF OPERATION OF THE DEATH SITE OF	(Y	es, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.  212-01-9350 MRS. MURAWSKI 4521 WISHALL DR.
Chips das not mean the mode of dying, a.g., heart failure, astheria, etc. II means the disease, injury or camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if only, giving isse to the obove cause (A) stating the UNDERLING CONDITION fost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT REL		ONSET AND DEATH
injury or camplication which caused death.)  ANTECEDENT CAUSES  (B)  DUE TO JUST ACTION CAUSES  (CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION Is contributing from the DEATH and NOT RELATED TO THE DEATH AND THE RECORD TO THE DEATH AND THE DEATH AND THE RECORD TO THE DEATH AND THE DEATH AN		LEADING TO DEATH  (This does not mean the made of dying, e.g.,  DUE TO  DUE TO
DISEASES OR CONDITIONS, if only, giving ise to the above cause (A) stoling the UNDERLYING CONDITION lost.    UNDERLYING CONDITION lost.   Such a stoling to the UNDERLYING CONDITION lost.		injury or complication which caused death.) - Conquestral wears ! Allure
UNDERLYING CONDITION last.    Such align to five specific for the peath but not related to the disconnection of th		DUE TO Will wing port leaden
THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  179. DATE OF OPERATION 1986 CONDITION FOR WHICH OPERATION WAS PERFORMED WA		
20A. AUTOPSY? I'Ves or No.   20B. IF YES, WERE FINDINGS CONSIDERED   20A. AUTOPSY? I'Ves or No.   20B. IF YES, WERE FINDINGS CONSIDERED   20A. AUTOPSY? I'Ves or No.   20B. IF YES, WERE FINDINGS CONSIDERED   20A. AUTOPSY? I'Ves or No.   20B. IF YES, WERE FINDINGS CONSIDERED   20A. AUTOPSY? I'Ves or No.   20B. IF YES, WERE FINDINGS CONSIDERED   20A. AUTOPSY? I'Ves or No.   20B. IF YES, WERE FINDINGS CONSIDERED   20A. AUTOPSY? I'Ves or No.   20B. IF YES, WERE FINDINGS CONSIDERED   10A. CERTIFYING CAUSES OF DEATH?   20A. AUTOPSY? I'Ves or No.   20B. IF YES, WERE FINDINGS CONSIDERED   10A. CERTIFYING CAUSES OF DEATH?   20A. AUTOPSY? I'Ves or No.   20B. IF YES, WERE FINDINGS CONSIDERED   10A. CERTIFYING CAUSES OF DEATH?   10A. CERTIFYING CAUSES OF	MOITA	CONTRACTOR
DEATH (notify medical examiner)	PTIEIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Work At Work 22. I certify that (I) (this haspital) ottended the deceased from 19 6 to 19	10	OR/CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?
22. I certify that (I) (this haspital) ottended the deceased from	MEDIC	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
that (1) (we) lost sow the deceosed clive on		Work At Work At Work
23A. SIGNATURE  JOSEPHYSICIAN'S NAME (Type)  24A. BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY OF CREMATORY  25A. DATE REC'D BY HEALTH DEPT.  25B. NAME OF REGISTRAR  23B. DATE SIGNED  And S. 1966  And S. 1966  23B. DATE SIGNED  And S. 1966  And S		that (I) (we) lost sow the deceosed olive on 19/10 ond that in(my) (our) opinion death occurred on the date
Josephine Phunidor M.D. Attending Med. Staff Phys. D. Jan 8, 1966  230. PHYSICIAN'S NAME (Type)  230. ADDRESS.  NAME (Type)  240. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (State)  250. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS.  250. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS.  250. ADDRESS.  250. FUNERAL DIRECTOR ADDRESS.		
NAME (Type)  SOSEPHINE BRUNISON M.D. BON GEOURS HT Baltimere, Mausland Bellingere, Mausland Bellingere, Mauslander		Josephine Brunidar M.D. Attending Med. Director Phys. Jan. 8, 1966
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote)  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)  25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS ADD		NAME (Type) But in Sale MD Box Sale Hall Boltower Man Sale
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25G FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS AS FLEE	24	AA. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (State)
I A IIIIVI A IIIIVI A IIII	25	SA. DATE REC'D, BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C FUNERAL DIRECTOR ADDRESS
		TA MINUNDA MACENTUMONI SOUND ACET



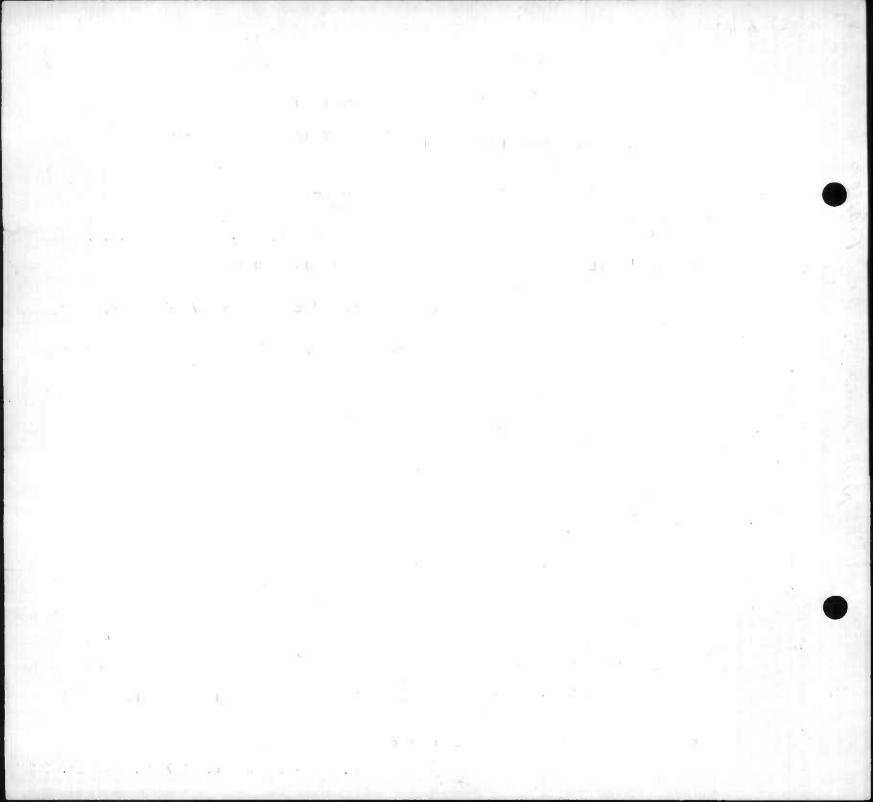
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

66 00392	BALTIMORE CITY	HEALTH DEPARTMENT	C	6 00392
IRTH NO.	CERTIFICA	TE OF DEATH	Registered No.	G GOOGE
A.E. CASE NO NAME OF DECEASED			D HOUR OF DEATH	
	10,000	MATTINE TO		(1. 71
	MICHAELS	NAJKA) JAN.	8, 1966	9:30 A.M.
PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where	e deceosed lived. If instit TY	tution: residence before odmission)
			10	1-01
FULL NAME OF (If not in hospital or institution, HOSPITAL OR oddress or location).	give street	MARYLAN	1	/ - 1
INICTITUTION		C. CITY OR TOWN (If outs		RAL ond give township)
1017 5. ROBI	NSON ST.	BALTIMO	RE	
		D. STREET ADDRESS Sallf	urol, give location)	^
BALTIMORE, N	MARYLAND	10175.1	POBINSON	157.
SEX 6. RACE 7. MARRIED	D, DIVORCED (specify)	B. DATE OF BIRTH	P. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Nonths: Doys Hours Min.
1 - 1 1 - 1 - 1 - 1	DOWED	JUNE 12, 1892	73 VRS.	70013
LUSUAL OCCUPATION (Give kind of work 10B. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF
ne during most of working life, even if retired)		0		WHAT COUNTRY?
HOUSEWIFE		POLAND		U. J. A.
FATHER'S NAME	ľ	4. MOTHER'S MAIDEN NAM	AE	
Times Minarit		- 1 11 11 - 1	./	
IACOB MARCZAK		UNKNOW	N	
Wos Deceased Ever in U. S. Armed Forces? s,no or unknown) III yes, give wor or dates of service)		17. INFORMANT		ADDRESS
A A	SECURITY NO.	Miss PAULINE	- 11	MITER
VO	215-01-1335	MUSS TAULINE	INTICHAELS	1017 E NOBINSO
18. 14 4 3 Y I	CAUSE OF	DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	4/ 1	-f- , A		ONSET AND DEATH
LEADING TO DEATH	Aubo	Mennies Carl	- maggier	10210
(This does not meen the mode of dying, e.g.,	DUE TO	tensive carde		
heart failuse, asthenia, etc. It means the disease,		dese	uss	
injuty or complication which caused death.)				
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS 'S	DUE TO			
DISEASES OR CONDITIONS, if any, giving tise to the above cause (A) stating the				
UNDERLYING CONDITION lost.	(C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN TO THE DEATH BUT NOT RELATED TO THE				
DISEASE OR CONDITION CAUSING IT.	16			
19 A. DATE OF OPERATION 198. CONDITION FOR	WHICH OPERATION	20 A. AUTOPSY? IYes or No	208. IF YES, WERE FIN	DINGS CONSIDERED
WAS PERFORMED			IN CERTIFYING CAUS	ES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 218	PLACE OF INJURY le.g., in	or obout 21C. WHERE DID	(If in Boltimore C	City, give exact location)
OR CONTRIBUTING CAUSE OF hor	ne, form, foctory, street, off	ce bidg., INJURY OCCUR?		
DEATH (notify medical examiner)	•*			
	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY WI	nile At- Not While			
(APPROX.)	ork At Work			
22. I certify that (I) (this hospital) attended to	the deceased from	1	9 5 310 1-	-8 1966
	1 5-			
that (1) (100) last saw the deceased alive an		19 <u>حک ح</u> and the	ot in (my) (ove) opinio	on death occurred on the dat
and hour and from the causes stated above. (	1) (Wa) (did) (didana) vi	ew the body after death		
23A. SIGNATURE	, , , , , , , , , , , , , , , , , , , ,	Dody affor addition	la	3B. DATE SIGNED
al la VI	1	/		30. DATE SIGNED
Hancello, Melan	COZETS M.D. Atter	Med.	Staff Phys.	1-10-66
23C. PHYSICIAN'S		3D. ADDRESS		
NAME (Type)			0-11	2- 12-11.1.
STANLEY GUKLIJA	NOWICZ M.D.	1016 8.0	00017	VE BALLAMA
7 70 70 70 70 70 70 70 70 70 70 70 70 70				
A. BURIAL CREMATION, 248, DATE 24C.N	AME of CEMPTERY OF CREE	MATORY 24D 16	CATION (City	town or county) (State)
A. BURIAL CREMATION, 24B. DATE 24C.N	AME OF CEMETERY OF CREE	MATORY 24D. LC	City,	town, or county) (Stote)
	AME OF CEMETERY OF CREATE	CEMETERY 24D. LO	DAITIMA DE	town, or county) (Stote)
BURIAL 1-12-66 ST	STANISLAUS	CEMETERY /3	ALTIMORE	- MD.
BURIAL 1-12-66 ST	AME OF CEMETERY OF CREATERS OF REGISTRAR	MATORY 24D. LO EMETERY 2 25C. FUNERAL DIRECTOR	ALTIMORE	town, or county) (Stote)  ADDRESS
BURIAL 1-12-66 ST	STANISLAUS	CEMETERY /3	ACZORAW SI	- MD.



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased FISHER FUNERAL DIRECTOR: IMPORTANT NON - MED

	CC	00393	BALTIMORE CITY	HEALTH DEPARTMENT	. 1	66 00393		
BIRT	тн но.	00000	CERTIFICA	TE OF DEATH	Registered No	06 00000		
	AME OF DECEASED				AND HOUR OF DEATH			
(Typ	oe or Print) NORA	0' NE.16	_	1-	11-66	5-35/p M.		
3. F	PLACE OF DEATH IN BALTIM	ORE MARYLAND		4. USUAL RESIDENCE (WHA. STATE B. COU	ere deceased lived. If	institution: residence before admission)		
۱,	FULL NAME OF (If not in	n haspitoi ar institutian, gi	ve street	LLINOIS  C. CITY OR TOWN (If outside city limits, write RURAL and give township)				
H		or location)						
5-	Tue le	Uanutua	. Hoomit.	GRAYVILLE D. STREET ADDRESS				
-	S THE JO	HNS HOPKINS	HOSPITAL	Box 157	f rurol, give location)			
5. 5	EX 6. RACE	17 AA ARRIED	NEVER MARRIED	B. DATE OF BIRTH	9, AGE (In years	If Under 1 Yr., If Under 24 Hrs.		
	1= 4		DIVORCED (specify)	6-19-50	lost bighday	Month's Doys Hours Min.		
	. USUAL OCCUPATION (Give I e during most of working life, ever		BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?		
	None	,		Evansville.	Ind.	U.S.A.		
13.	FATHER'S NAME			Evansville, Ind. U.S.A.				
	JACK O'NEIL	L		JUANITA J	UAN			
15. (Ye	Was Deceased Ever in U. S., s,no or unknown) (If yes, give v	Armed Forces?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
	No		None	Jack O'Neill	Box 157 C	rawille Ill		
	18.75-64.5		CAUSE O		BOX 131 G	INTERVAL BETWEEN		
	DISEASE OR CONDI			,		ONSET AND DEATH		
	LEADING TO		(A) 6 C	NG-ENTAL	HEARTPISS	ease 15 years		
	(This does not mean the heart foilure, asthenia, etc.	Il meons the disease,	DUE TO					
	injury or complication which		(8)					
	ANTECEDENT		DUE TO					
	rise to the obove co		(C)					
	UNDERLYING CONDITION	l losi.						
z	OTHER SIGNIFICANT CONE	DITIONS CONTRIBILTING						
15	TO THE DEATH BUT I	NOT RELATED TO THE		on Mulch				
FIC		198. CONDITION FOR W		20A. AUTOPSY? (Yes or I		FINDINGS CONSIDERED AUSES OF DEATH?		
ERTIFIC	01/11/66	TRICUSPIO A	TRESIA	425	i	123		
U	OR CONTRIBUTING CAUS	SE OF home	PLACE OF INJURY (e.g., in e, form, factory, street, o	n or about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltina	ore City, give exact lacotion)		
CAL	DEATH (notify medical exami	ner) etc.)						
MEDI	21 D. TIME (Month) (Do		INJURY OCCURRED	21F. HOW DID IN	NJURY OCCUR?			
	IAPPROX.)	Work	e At Not While At Work	° 🗆 , 📗 ,				
	22. I certify that (I) (this	hospital attended th	e deceased from	1/8/46	ta	1/11/46 19		
	that (1) (we) last saw the	deceased alive an	1/4/66	19and		pinian death accurred an the date		
	and haur and fram the ca	uses stated abave. (1)	(We) (did) (did nat) v	iew the bady after death				
	23A. SIGNOATURE 23B. DATE SIGNED							
	Jane Mit	eared	M.D. Atte	s. Med. Director	Stoff Phys.	1/11/66		
	23C. PHYSICIAN'S NAME (Type)	UL M. LEANI		23D. ADDRESS				
	PA	OL 11. LEANI	M.D.	THE JOHNS	HOPKINS H	OSPITAL		
24/	A. BURIAL CREMATION, 248. REMOVAL (Specify)	DATE 24C. NA	ME of CEMETERY OF CR	EMATORY 24D.	LOCATION	City, town, or county) (State)		
	Removal :		k Grove Cemet	ery G	rayville, Il	1		
254	A. DATE REC'D BY HEALTH D			2SC. FUNERAL DIRECTO	O R	ADDRESS		
	JAN 1 3 1966 (	Clark H de	reduct of	Wm. Cook-Bro	oks Inc. 121	17 St. Paul St. 21202		
VS	150-REV. 1/1/65							



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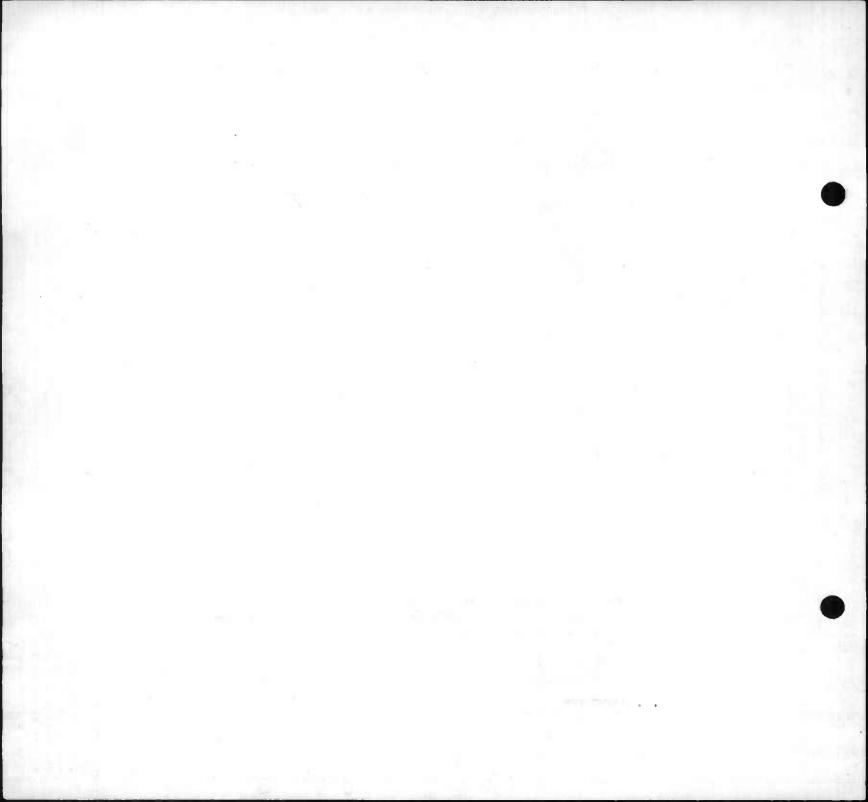
pital and of death

hospital

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VS 150-REV. 1/1/65

		BALTIMORE CIT	Y HEALTH DEPARTMENT		00000
BIRTH NO.	66 #1395	CERTIFICA	TE OF DEATH		6 00395
Type or Pont		Burrell		. 9, 1966	Mastitutian: residence before odmission)
FULL NAME OF HOSPITAL OR INSTITUTION	(If not in haspitol or in oddress or locotion)  Franklin 30	stitutian, give street	1421 W. Mul c. city or town or o	berry St.	19-01
5. SEX 6. R		MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH  May, 11, 1997  11. BIRTHPLACE (State or for	9. AGE (In years lost birthdoy) 68 Vrs.	If Under 1 Yr, If Under 24 Hrs. Manths Days Haurs Min.
done during most of work Railroa	king life, even if retired)	, KIND OF BUSINESS OR INDUSTR	Gloster Co.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Joshua	Burrell		Julai Reid		
15. Was Deceased Eve (Yes, na ar unknown) (If	er in U. S. Armed Forces? yes, give war or doles of	service) 16. SOCIAL SECURITY NO. 705-09-623	17. INFORMANT		ADDRESS
This does not heart failure, ast injury ar camplic ANT DISEASES OR rise to the control of the co	OR CONDITION DIRECT ADING TO DEATH mean the made of dyithenia, etc. It means the calian which caused det TECEDENT CAUSES CONDITIONS, il any, abave cause (A) sta	ng, e.g., DUE TO DUE TO DUE TO DUE TO	pertensive C	Elusion ardiNascu	INTERVAL BETWEEN ONSET AND DEATH WELL
OTHER SIGNIFICATION THE DEAT DISEASE OR COL	II ANT CONDITIONS CON TH BUT NOT RELATED ENDITION CAUSING IT.	ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N	No) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
21 A. ACCIDENT OR CONTRIBUTION DEATH (natify me		21B. PLACE OF INJURY (e.g., hame, form, foctory, street, etc.)	in or obout 21 C. WHERE DID affice bldg., INJURY OCCUR?	(If in Boltimor	e City, give exoct locotion)
	Aonth) (Doy) (Year) (H	While At Not Whork At War		NJURY OCCUR?	
that (I) (we) las	st saw the deceased a ram the causes stated and H. A	abave. (I) (We) (did) (did nat)	tending Med.  Director  23D. ADDRESS		inian death accurred an the date  238, DATE SIGNED  1-11-66  SE Balta-Mal
24A. BURIAL CREMA REMOVAL (Spec	ATION, 24B. DATE	24C. NAME of CEMETERY OF C	REMATORY 24D.	LOCATION	ily, lown, or county) (State)

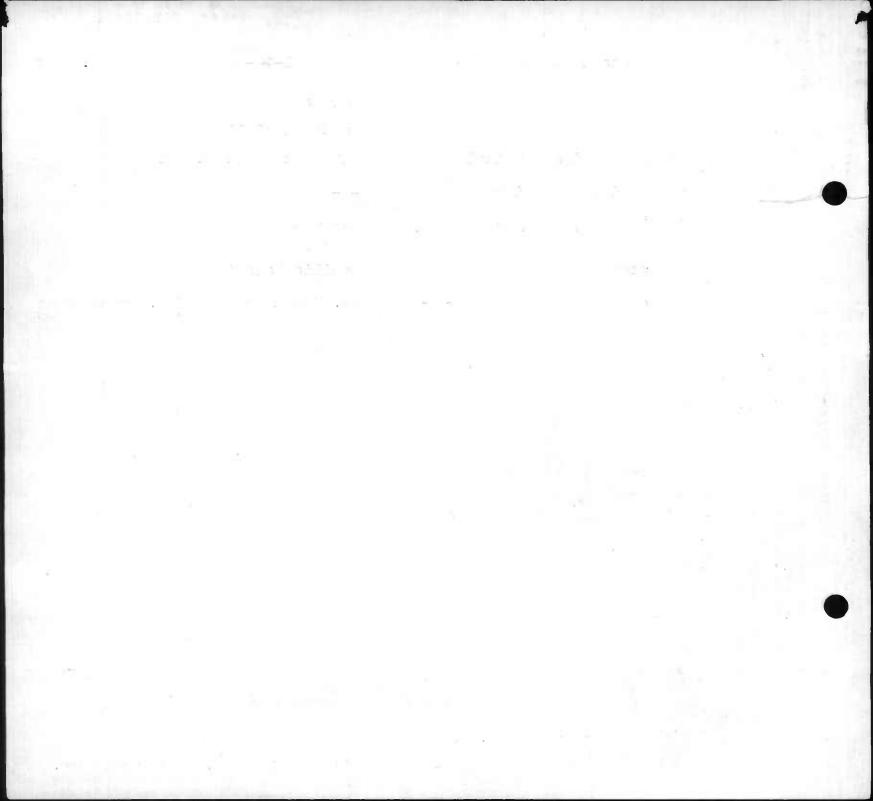


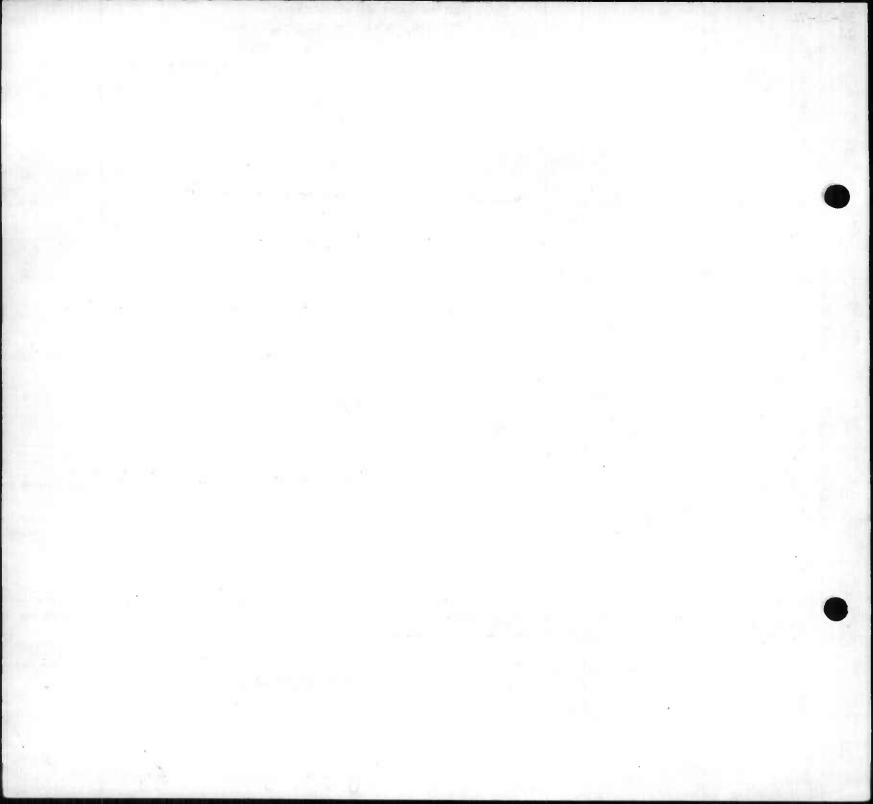
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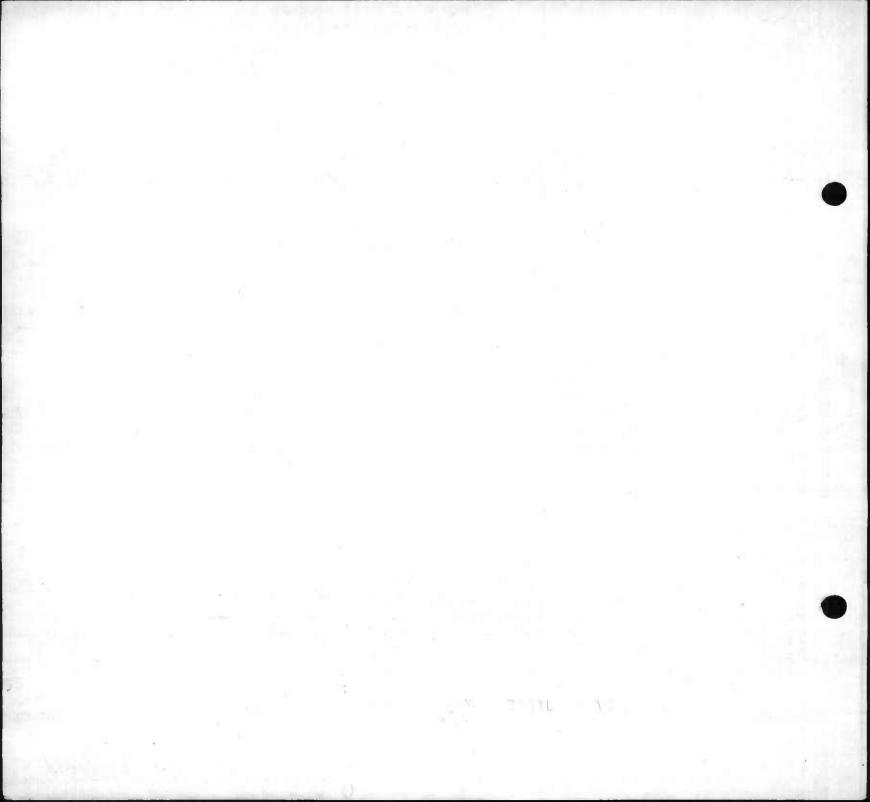
BIRT	H NO.	66 0	1396	CERTIFICA	TE OF	DEATH	CORSIE	YA KGH	187484R36
	AME OF DEC						AND HOUR O	F DEATH	TOTAL DE
(Тур	(Type or Phint) Constance Cooley					1-1	2-66		9:00 a M.
3. F	LACE OF DE	ATH IN BALTIMORE, MA	RYLAND		4. USUAL A. STATE	RESIDENCE (W	here deceased	lived. It insti	tution: residence before odmission)
-	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)				Mar	yland	2207	its, write RUI	RAL ond give township)
3	3					Baltimore 21224  D. STREET ADDRESS (If rurol, give locotion)			
T	he Joh:	ns Hopkins	Hospit	al	817	South	Port S	treet	
5. S	emale	6. RACE White	7. MARRIED, WIDOWE WIDOW	, NEVER MARRIED D, DIVORCED (specify)	B. DATE O		9. AGE (In lost birthdoy) 59	yeors	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
			108 KIND O	F BUSINESS OR INDUSTRY	11. BIRTHP	LACE (State or fo	reign country)		12. CITIZEN OF WHAT COUNTRY?
		working life, even it retired) hager & Sons	Wast	Paper Co.	Baltimore, Maryland			WHAT COUNTRY?	
13.	FATHER'S NA	ME			14. MOTH	ER'S MAIDEN N	AME		
	John Po	tter			Cec	ilia Ma	rski		
15.	Nos Deceosed	Ever in U. S. Armed Fo	rces? es of service)	1 6. SOCIAL SECURITY NO.	17. INFORA	AANT			ADDRESS
	No	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		004-10-8886	Mrs.	Theresa	Dudek	627 S	. Curley Street
	18. 11 DO II CAUSE OF			F DEATH				INTERVAL BETWEEN ONSET AND DEATH	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH				MT		-	11 duna	
		nat mean the made a				1114	***************************************		1
		asthenia, etc. It mean aplication which cause							
	y GI	ANTECEDENT CAUSES (B)							
	DISEASES OR CONDITIONS, if any, giving								
	rise to the above cause (A) stoling the (C)UNDERLYING CONDITION last.							000040000000000000000	••••••••••••••••••••••••••••••••••••••
		11							
ATION	TO THE D	FICANT CONDITIONS EATH BUT NOT REL	ATED TO TH						
	19A. DATE OF	OPERATION 198 CO		WHICH OPERATION	20 A. AL	ITOPSY? (Yes or	No) 20B, 1F YI	S. WERE FIN	IDINGS CONSIDERED
194. DATE OF OPERATION WAS PERFORMED						Na	IN CERTIF	YING CAUS	ES OF DEATH?
CAL CE	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)			n or obout 2 fice bldg., 11	C. WHERE DID	(It i	n Boltimore C	City, give exact location)	
MEDIC	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Work At Work			1	IF. HOW DID II	NJURY OCCU	R?		
	22. I certify	that (1) (this hospite		the deceased from	11	/	19 66 10	/	1/12 1066
		lost saw the deceas		1/12	19	66 ond		( <del>ooy)</del> apinid	an death occurred an the date
	and hour on		ited above. (	1) (We) (did) ( <del>did not</del> ) v	iew the bo	dy after death	1.		OR DATE HOUSE
					ending /	Med.	Stoff	2	3B. DATE SIGNED
	23C. PHYSICIA	INS . D	enu	Phy	s. 23D. ADDRI	Director	Phys.		1/12/10
	NAME (1	" CEDRE	= 1 5	SCHEELEND.	- 5	TOHNS	HOPK	CINS	HOSD
24A	BURIAL CRE		24C.N	AME OF CEMETERY OF CRE	MATORY	24D.	LOCATION	(City.	town, or county) (State)
	Burial	1-15-1	965 Mt	t. Carmel		Ва	altimore	. Marv	land
25A	JAN 1	L 1966 P.	25B, NAME	OF REGISTRAR		INERAL DIRECT	OR		Eastern Ave.

VS 150-REV. 1/1/65





BALT	IMORE CITY HEALTH DEPARTMENT	00 0000
BIRTH NO. M.E. CASE NO.  66 00398 CER	RTIFICATE OF DEATH Registered	No. 66 00398
1. NAME OF DECEASED (Type or Print) Bernard John Yuki	2. DATE AND HOUR OF DE	16 595 P M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND  Union Memoria HOSpital  FULL NAME OF (If not in hospital or institution, give street oddress or location)	4. USUAL RESIDENCE (Where deceased lived. A. STATE B. COUNTY  MONY LAND C. CITY OR TOWN (If outside city limits, w	If institution: residence before odmission) write RURAL and give township)
	4436 Forest View	Avenue (6)
Male White 7. MARRIED, NEVER MA WIDOWED, DIVORCE Married Marri	o (specify) 4/11/14 lost birthday)	If Under 1 Yr. If Under 24 His. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS of done during most of working life, even it retired)  Lectrician  Self employed  13. FATHER'S NAME	ed Philadelphia +	12. CITIZEN OF WHAT COUNTRY?
Sylvester Vukna	h n a Unknown	
S. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)  NO  16, SOCIAL SECURI  212-05	TY NO.	cest View Ave.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving tise to the above cause (A) stating the	(A) Myocardial Infarction DUE TO  (B) DUE TO	12/6/65 -1/9/46
UNDERLYING CONDITION Ideal.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	NA	
198. CONDITION FOR WHICH OPER WAS PERFORMED		ERE FINDINGS CONSIDERED CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF	INJURY (e.g., in or obout 21 C. WHERE DID (II in Bolt lory, street, office bldg., INJURY OCCUR?	timore City, give exact location)
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OF INJURY (APPROX.) White At Work	CURRED 21F. HOW DID INJURY OCCUR?	1/0/10
22. I certify that (1) (this hospital) attended the decease that (1) (we) last saw the deceased alive an and haur and fram the causes stated above. (1) (We) (did 23A SIGNATURE	) (di ) view the bady after death.	apinion death accurred an the date
23C. PHYSICIANS NAME TYPE!  DR. HARRY JAMES BROWN	Phys. Director Phys. Phys. 23D. Address M.D. Union Memorial Hospital	1/9/66
REMOVAL (Specily)	Compt ones	(City, town, or county) (Stote)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAL	Cemetery Baltimore,	Co. Md.
JAN 1 4 1966 P. Dee & Jankey M. VS 150-REV. 1/1/65	Scessany ( July 1/ Hong )	HUINXAU XU



Such

prior to death.

attendance on the

RTIFICATE O	F DE	ATH	Register	ed No	003
	10	DATE AND	HOUS OF	Do a sell	

BIRTH NO.	00	COO.	CERTIFICA	TE OF DEAT	H Registered No	45 UU389
M.E. CASE	NO. DECEASED			2. DAT	E AND HOUR OF DEAT	Н
(Type or Prin	William 1	Frankl				
3. PLACE O	F DEATH IN BALTIMORE M			4. USUAL RESIDENCE	anuary 11th.	1966 M.
						institution: residence before admission)
FULL NA HOSPITAL	L OR address at lacat	ol ar institutio ian)	n, give street		fferson St.  If outside city limits, with	e RURAL and give township)
3 73		ne Pine	s Nursing Home		200	
10				D. STREET ADDRESS	()f rural, give lacation)	
	5837 Belair			1939 Jeff	erson St.	
5. SEX	6. RACE		ED, NEVER MARRIED VED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Days Haurs Min.
Male	White	Sing		July 29,188		7411
IOA, USUAL	OCCUPATION (Give kind of we	ork 108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State at	fareign cauntry)	12. CITIZEN OF
	nast of working life, even if retired	)				WHAT COUNTRY?
	Retired			New York	City	
13. FATHER'S	NAME			14. MOTHERS MAIDEN	NAME	
		Cha	rles J. Frank	Paul	ine Stallege	r
15. Wes Dec	eesed Ever in U.S. Armed F knawn) (If yes, give war ar da	orces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
-	e e e e e e e e e e e e e e e e e e e	iles di servici	214-44-8616	Francis F	rankl 1939 J	efferson St.
1B. 🛫	34X1		CAUSE OF	DEATH		INTERVAL BETWEEN
D	ISEASE OR CONDITION D	IRECTLY				ONSET AND DEATH
	LEADING TO DEATH	4		to and		
(This d	aes nal mean the made	af dying, e.	g., DUE TO		L.Q	
heart to	ilure, asthenia, etc. Il mear ir camplication which cause	is the diseas	se,	,		
1.110.7			(8) 75/2	en pleace on	eald.	
	ANTECEDENT CAUSE		DUE TO			***************************************
	ES OR CONDITIONS, if		ng			
	a the above cause (A LYING CONDITION last.	) staling I	he (C)	*************************		***************************************
ZOTHER	SIGNIFICANT CONDITIONS	CONTRIBUT	ING			
E TO TH	TE DEATH BUT NOT RE	LATED TO	THE			
	TE OF OPERATION 198. CO		P WHICH OBSERATION	120 A AUTOBOY2 (Vos	Nol 200 IF Med 1400	
DA 19A. DA		RFORMED	K WHICH OPERATION	ZUM. AUTOPST! (Tes d	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
# 21A AG	CIDENT WAS UNDERLYING					
OR CON	TRIBUTING CAUSE OF	_	?1B. PLACE OF INJURY(e.g., in name, farm, factary, street, aft	ice bldg., INJURY OCCU	D {If in Baltime R?	are City, give exact lacation)
DEATH	(natify medical examiner)	•	elc.)			
O 21 D. TIN		i) (Hour) 2	IE. INJURY OCCURRED	21 F. HOW DID	INJURY OCCUR?	
S OF INJU			While At Nat While			
			Work Al Wark	//		
22. I ce	ertify that (I) (this haspit	al) attended	the deceased fram	yan	1900 to de	ne 11, 79 1966.
that (1)	(we) last saw the decea:	sed alive a	Han 11	1966 an	d that in (my) (aur) a	pinion death accurred an the date
			(I) (We) (did) (did nat) vi			
23A. SIG		0100 000 100	(1) (116) (414) (414 1161) VI	lew like body differ ded	ITN.	23B, DATE SIGNED /
7			M.D. Allei	nding Med.	Staff	23B. BATE SIGNED
O/G		e	Phys	Director _	Phy s.	Jan 13/66
23C. PHY	SICIAN'S ME (Type)		2	3D. ADDRESS	1 1	
			M.D.	11 4 /2	hass/ 1XT	
24A. BURIAL	CREMATION, 248. DATE	24C.	NAME of CEMETERY OF CRE	MATORY 124	D. LOCATION (	City, tawn, or caunty) (State)
REMO\	/AL (Specify)					(Sidle)

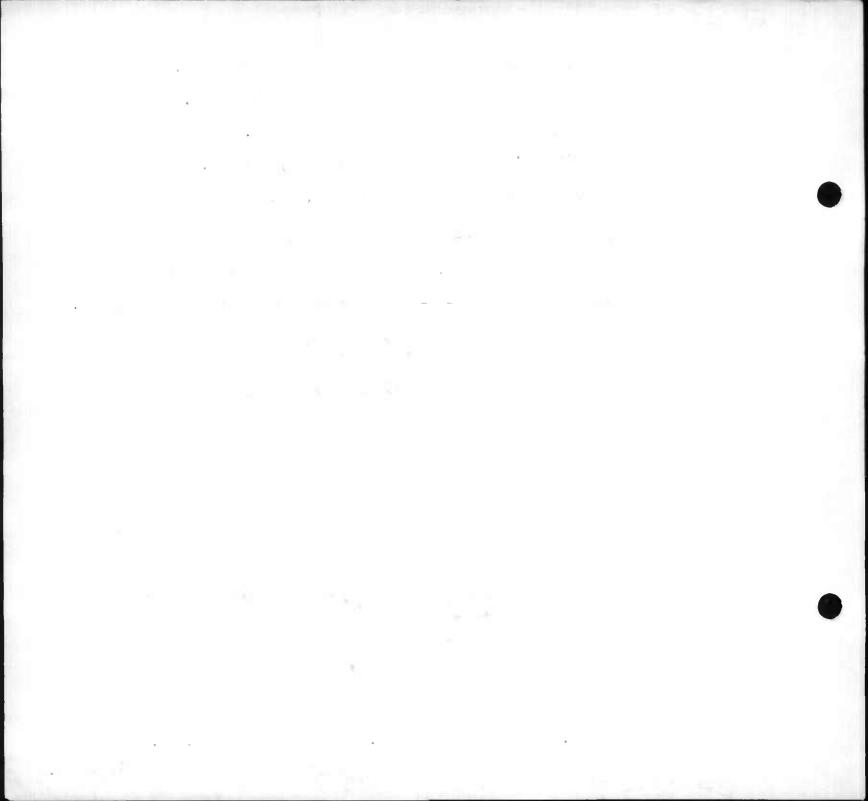
250 FUNERAL DIRECTOR

.5/66 Baltimore Burial Jan. 15/66 BY HEALTH DEPT.

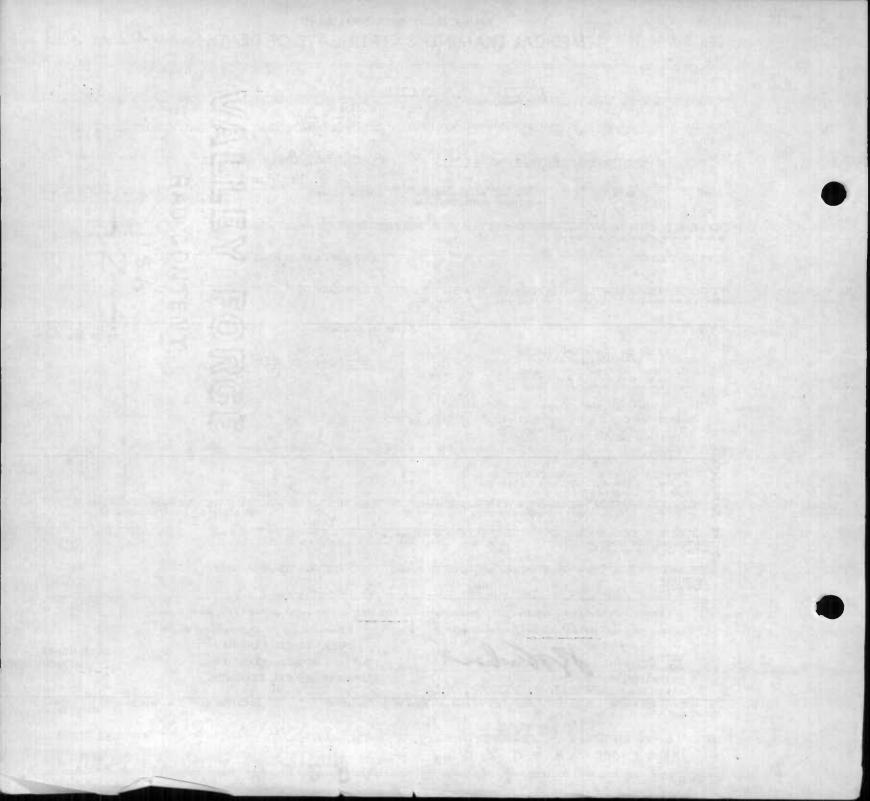
Balto. Md.

ADDRESS ons 2024 Orleans St.

VS 150-REV. 1/1/65



0.0	9 0040Q		BALTIMORE CITY HEA	ALTH DEPAR	TMENT		CC	200400
BIRTH NO.	MED	ICAL EX	CAMINER'S	CERTIFIC	CATE OF	DEATH Registe	red No	) (1) (2()()
M.E. CASE NO.								
1. NAME OF D	ECEASED				2. DATE AN	ID HOUR PRONOUNC	ED DEAD	
2 PLACE IN RA	ALTIMORE, MARYLAND, W	LOUIS	WOODLIF	E HEHAL	1-	-3-66	A A	9:40 A. M
S. PLACE IN BA	CHMORE, MARILAND, W	HERE PRONO	UNCED DEAD	A. STATE	KESIDENCE (Where	deceosed lived. If insti B. COU	NTY	dence before odmissio
FULL NAME OF	F (IF NOT IN HOSPITA	AL OR INSTITE	UTION, GIVE STREET	C. CITY O	yland	de corporate limits, write	RURAL	nd give township)
INSTITUTION	ADDRESS ON LOGA	1110117					1 -	11
SOUTH	BALTIMORE GEN	TERAL HO	SPITAL		timore ADDRESS (If rurol	, give location!	10	4
					S. Highla			
5. SEX	6. RACE		NEVER MARRIED	B. DATE O		9. AGE (In years		r 1 Yr, If Under 24 Hr
Male	White	WIDO WED,	DIVORCED (specify)			lost birthdoyl	Months	Doys Hours Min.
	CUPATION (Give kind of world	k TOB, KIND OF	F BUSINESS OR INDUST	RY 11. SIRTHPI	LACE (State or forei		12. CITIZ	
done during most of	of working life, even if retired)						WHA	T COUNTRY?
13. FATHER'S NA	AME			14. MOTHE	R'S MAIDEN NAM	NE .		
	SED EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17, INFORM	ANT		ADDRESS	5
les, no or unknow	wn) (If yes, give wor or date	s of service	SECORITI NO.					
118. //	210		CAUS	E OF DEAT	н			INTERVAL BETWEEN
7.1								ONSET AND DEATH
DISE	ASE OR CONDITION DI LEADING TO DEATH	RECTLY		Bronch	opneumonia	1		
(This doe heart foils	s not meon the mode of ore, osthenio, etc. It meons	dying, e.g.,	DUE TO					
injury or	complication which coused	de oth.)						
	ANTECENDENT CAUSE	S	(0)				10	
DISEASE RISE TO	S OR CONDITIONS, IF A	NY, GIVING	DUE TO		**********************			
UNDERL	YING CONDITION LAST.		(6)				4.23	
<u>S</u>	11		( )			••••••		
OTHER SI	II IGNIFICANT CONDITIONS	CONTRIBUTION	NG				1111	
TO THE	OR CONDITION CAUSING		THE					
19A. DATE	OF OPERATION 198. CON	IDITION FOR	WHICH OPERATION	20A. AU	TOPSY? (Yes or No)	208. IF YES, WERE FIR	NDINGS C	ONSIDERED
0 7	WAS PER	FORMED			Yes	IN CERTIFYING CAUS	SES OF DE	ATH?
21 A. EXTERN	AL CAUSE WAS	21 B,	PLACE OF INJURY (e.g., form, foctory, street,	, in or obout :	NILLEY OCCUP?	(If in Boltimore City, gi	ve exoct lo	ocotion)
UNDERLYING UTING C	AUSE OF DEATH.	etc.)	s, lown, locioty, sweet,	Ollice Brage,	NJORI OCCOR:			
E 21D TIME	(Month) (Doy) (Yeo	r) (Hour) 2	TIE. INJURY OCCURRED	2	IF. HOW DID INJ	URY OCCUR?		
(APPROX.)		,	WHILE AT NOT	WHILE				
22.				WORK				
	ertify that I held on I			utopsyX	ond that on th	Is bosis, deoth in m	ny opinio	n
res	ulted from: Notural co	uses X	Accident Suici			Undetermined monne	er _	
	·· ·	2-/- 1	7		EF MEDICAL E			DATE SIGNED
SIGNA	TURE	10 ml	M. I	D. ASSISTA	NT MEDICAL E	XAMINER		
EXAM	INER'S	C TTO			TE MEDICAL E			1-3-66
23A, BURIAL C			ER, M.D.	TOBEL	00100	OF MARKE	AND	(6: 1)
REMOVAL (Spe		. 23	C. NAME OF CEMETERY	er CREMATO	KI [1 1 23D. ]	LOCATION A IT (City,	ALGENEUD SON	county) (State)
	JAN 1	3 1986	IINII	/EPSIT	A WEDI	CAL SCHOOL	OL.	
24A. DATE REC	D BY HEALTH DEPT.	A 60	OF REGISTRAR	24C. F	UNERAL DIRECTO		A	ADDRESS
PAN	1 4 1966 P.O.	F 2 3	the Use Mill	N	ORTUAR	Y SERVICE		RCHD
VS 151-REV. 1/	1/65	7	6000	0	3	- DEAR TILL		7712
			Sec.					



				BALTIMO	ORE CITY H	EALTH DEP	ARTMENT				
BIRTH		66 0	0401	CERTI	FICAT	E OF D	EATH	Registered	No.	(man)	
1 MAA	ME OF DECEASE	Ty Lso,	v , D	IA MANT	ES			10 HOUR OF DI		9. 20	A
FUL	LL NAME OF	(If not in hospite	or institution			m d	B, COUN	ITY	1	03	odmi s
5 S	SPITAL OR TITUTION	oddress or locat						tside city limits,  RE rurol, give locotic		ond give township)	
01	HURCH	HUME	€ 405	PILAL				AW 1			
J. SEA	0. KA	11.	WIDOW	D, NEVER MARRIE ED, DIVORCED (SE NG LE OF BUSINESS OR II	pecify)	DATE OF BI	1001	9, AGE (In years lost birthdoy)	Mon	nder 1 Yr. If Und	
	SUAL OCCUPATI uring most of workin			OF BUSINESS OR II	NDUSTRY 11		E C E	ign country)		CITIZEN OF WHAT COUNTRY?	
13. FA	THER'S NAME				14.	_	MAIDEN NA	ME			
1	UNKNI	WN				21 1	IKNOL	NM			
15. Wo (Yes, no	DE Deceosed Ever o or unknown) (If y	in U. S. Armed F es, give wor or do	orces? ites of service	1 6, SOCIAL SECURITY N		. INFORMAN		,		ADDRESS	
18		CONDITION		C	AUSE OF I		a			INTERVAL BETWO	
h	This daes not mean failure, asthe	nio, etc. Il mea	of dying, e.g is the diseas ed deoth.)	e, (B)	E TO		Pheur 9	none,			
ri	DISEASES OR C se Ia Ihe at INDERLYING CC	ave cause (A		g						08 hm 09 003 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
ATION	OTHER SIGNIFICA O THE DEATH DISEASE OR CON	II  NT CONDITIONS  BUT NOT RE DITION CAUSING	CONTRIBUTI	NG Acut	e Con	gestive	Grdia	e failur	•	1	
	A-DATE OF OPE	RATION 198. CO	NDITION FOR	WHICH OPERATI		NO3	PSY? (Yes or No	IN CERTIFYING	VERE FINDING CAUSES	IGS CONSIDERED OF DEATH?	
10	R CONTRIBUTIONS EATH (notify med	CAUSE OF	- h	1B. PLACE OF INJU ome, form, foctory, ic.)	URY (o.g., in o street, office	e bldg., INJU	WHERE DID RY OCCUR?	(If in Bo	Itimore City,	give exact location)	
NED 51	F INJURY APPROX.)	nth) (Doy) (Yeo	V	Vhile At	RRED Not While At Work		HOW DID INJ	URY OCCUR?			
				the deceased fr		- 8		19 La La to	-	19	
				(I) (We) (did) (d				at in (my) (ou	) apinion (	death accurred an	the
23	Ephrai	B	Bas		M.D. Attendi	ing [	Med. Director	Stoff D	-	DATE SIGNED	
23	BC. PHYSICIAN'S NAME (Type)	0	0		231	D. ADDRESS		Phys.			
	EPHRAI BURIAL CREMATE REMOVAL (Specif	ON, 248. DATE	2 1986	NAME OF CEMETE	RY OF CREM	HURC	H HON	OCATION A	i Kink hav	BALIO.3	(5)
25∆ 1	DATE REC'D BY	GALTH DEPT.	25B. NAM	OF REGISTRAR	NIVER	CITY 1000 FLINE	MEDIC	AL SCI	100L	ADDRESS	
	IAME	966 () 0	d Q 2	in the war		MOR	THARY	CEDWI	CE	DCHD	

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VS 150-REV. 1/1/65

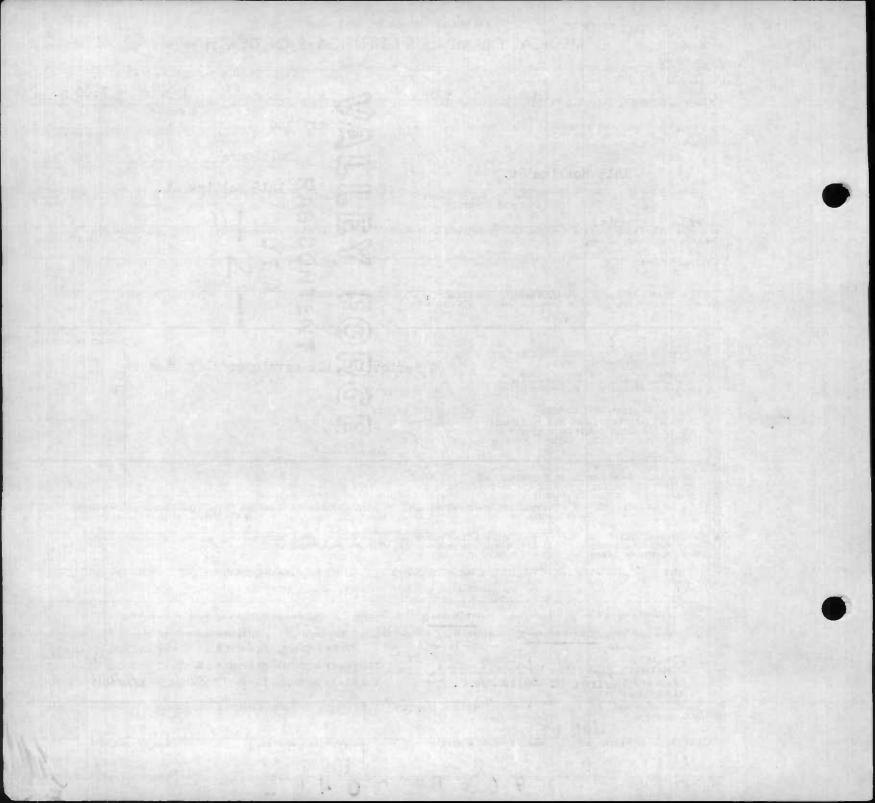
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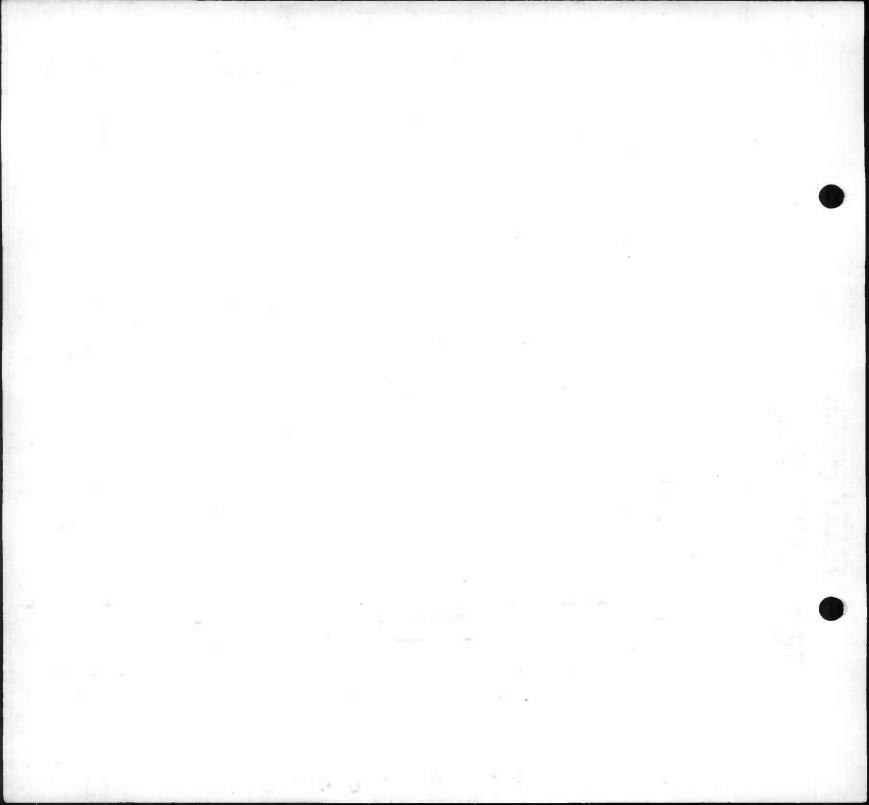
1 14-600

	TH NO.	MED	ICAL EX	AMINER'S	ERTIFICA	TE OF	DEATH Register	red No.	11114112
1.	NAME OF DE	CEASED				2, DATE AN	D HOUR PRONOUNCE	D DEAD	
Ту	pe or Print)	· ·	THOMAS	MOORE			1/3	166	7:00 p. M.
3. [	LACE IN BAL	IMORE, MARYLAND, W			4. USUAL RES	DEN CE (Where	deceosed lived. If insti	tution: resid	dence before odmission)
НΟ	LL NAME OF	(IF NOT IN HOSPIT, ADDRESS OR LOCA	AL OR INSTITU	TION, GIVE STREET	C. CITY OR T		e corporate limits, write	RURAL OF	nd give township)
		1415 Holli	ns St.		D. STREET AD	DRESS (If rurol,	give location)	1/	00
5. \$	EX	6. RACE		NEVER MARRIED DIVORCED (specify)	B. DATE OF BI	1/17	9. AGE (In years lost birthdoy)	If Under	7 1 Yr. If Under 24 Hrs. Doys Hours Min.
		White UPATION (Give kind of worl working life, even if retired)	108. KIND OF	BUSINESS OR INDUST	RY 11. BIRTHPLAC	E (State or foreig	gn country)	12. CITIZI WHA	EN OF
13.	FATHER'S NAN	A E			14. MOTHER'S MAIDEN NAME				
				Bank a Edit					
		O EVER IN U.S. ARMED Off yes, give wor or dote		16. SO CIAL SECURITY NO.	17. INFORMAN			ADDRESS	
EDICAL CERTIFICATION	(This does heart failure injury or co DISEASES RISE TO THUNDERLY!!  OTHER SIG TO THE DISEASE OF	SE OR CONDITION DI LEADING TO DEATH not meen the mode of costnenio, etc. If meens mplicotion which coused  ANTECENDENT CAUSI OR CONDITIONS, IF A IE ABOVE CAUSE (A) S NG CONDITION LAST.  II NIFICANT CONDITIONS DEATH BUT NOT RE R CONOITION CAUSING	dying e.g., the discose, deoth.)  ES  NY, GIVING TATING THE  CONTRIBUTIN LATED TO	(B)(C)	20A. AUTOP	SY? (Yes or No)	208. IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS C	ON SIDERED ATH?
X	21 D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeo	V	HILE AT NOT	WHILE	HOW DID INJ	URY OCCUR?		
	ACTUA SIGNAT EXAMIN NAME (	URE WER'S Werner U. Type)	Spitz,	Suici M. M. D.	CHIEF  ASSISTANT  ASSOCIATE	cide   MEDICAL EX	XAMINER 🖈	or	DATE SIGNED
RE	A, BURIAL CRE MOVAL (Specif		3 1966	OF REGISTRAR	/EDCITY	23D. I	THE COMME	AYED	county) (State)
_ 7	JAN 1	4 1966 ( 0	48 7	Ryka	MOR	TUARV	SEDVICE		CHD
VS	151-REV. 1/1	/65	0 /	E E	00	0 9	-JUN VIOL	1)	Unit



			?-
FUNERALD	FUNERAL DIRECTOR: IMPORTANT	IMPORTANT	
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	dical examiner o	or his assistant if death	occurred in a hospital and
the body was released to the hospital by a medica	cal examiner.	Also, if the direct or c	ontributing cause of death
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	ns; (3) A fracture	e of any kind; (4) Undet	ermined cause; (5) Deceased
was D.O.A. at a hospital (except where the physici	ician who pron	ounced death was in	regular attendance on the
deceased prior to death); and (6) No physician was	ras in regular c	attendance on the dec	eased prior to death. Such
written approval must be obtained before the remains are embalmed or final disposition is made.	nains are embair	med or final disposition	is made.

	66 00	MAR		HEALTH DEPARTMENT	Registered No. 66	00403
BIRTH NO. M.E. CASE NO.		7200	CERTIFICA	TE OF DEATH	Registered No.	08203
I, NAME OF DE				2. DATE AN	ID HOUR OF DEATH	
(Type or Print)	Luther	Porter		Jan.	6. 1966	6:00 P.
3. PLACE OF D	DEATH IN BALTIMORE, MA			4. USUAL RESIDENCE (When	re deceased lived. If institu	tion: residence before admis-
FULL NAME HOSPITAL O INSTITUTION			give street	C. CITY OR TOWN (If put	tside city limits, write RUR	AL and give township)
2	Ardleigh Nu			DA11	0	2/0//
0	2095 Rockro	se Ave	enue	2095 K	OCK ROS	SE AUE
M M	6. RACE		D, NEVER MARRIED  ED, DIVORCED (specify)	B. DIATE OF BIRTH	9. AGE (In years If Mi	Under 1 Yr. If Under 24 onths Doys Hours Mi
	CUPATION (Give kind of work of working life, even if retired)	10B. KIND C	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	gn county) 12	2. CITIZEN OF WHAT COUNTRY?
3. FATHER'S N	AME			14. MOTHER'S MAIDEN NA	ME	
5. Wos Deceos	ed Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
res, no or unkno	wn) (If yes, give wor or dote	s of services	SECURITY NO.	Bertha Baker	. 2095 Rock	rose Avenue
18. 16	3 X I		CAUSE O		, , , , , , , , , , , , , , , , , , , ,	INTERVAL BETWEEN
DISE	ASE OR CONDITION DI	ECTLY	Con	cinoma of lun	o with	1½ yrs.
	nof mean the mode of		" DUE TOEN	cinoma of lun eralized meta	stasis and	
	e, osthenio, etc. If meons omplication which coused		met	astasis to br	ain	0.00
	ANTECEDENT CAUSES		(B)			••••
DISEASES	OR CONDITIONS, if	any, givin				
	Ihe above cause (A) NG CONDITION last.	sfafing 1h	e (C)			
Z OTHER SIG	II SNIFICANT CONDITIONS C	ONTRIBUTII	NG			
A DISEASE C	DEATH BUT NOT RELA	Τ.				
44	1964 198. CON WAS PER	COBLIER	arcinoma of	lungNo	208. IF YES, WERE FINE IN CERTIFYING CAUSE	DINGS CONSIDERED S OF DEATH?
OR CONTR	DENT WAS UNDERLYING DIBUTING CAUSE OF	ho	B. PLACE OF INJURY (e.g., i ome, form, foctory, street, o c.)	n of obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(II in Boltimore Ci	ty, give exact location)
D 21 D. TIME	(Month) (Doy) (Year)	(Hour) 21	E. INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
OF INJURY			/hile At Not While At Work	e 🖳		
	fy that (I) ( <del>this-hospita</del>		Table 1		10 65 to Janus	ary 6 19 6
				19 66 ond th	ot in/mu\ /\i=!	n.a
				riew the body ofter death.	or in (my) (our) opinio	i death occurred on the
23A. SIGNA		1	(i, (i-a) (uiu) (uauauar) (	new the body offer dedfin.	23	B. DATE SIGNED
	ID	419		ending Med. S. Director	Stoff Phys.	Jan. 6, 1966
23C. PHYSIC	CIANS	Ja c	elaylor Phy	23D. ADDRESS	rnys.	- TA00
NAME	(Type) Lloyd	1	ylor, M.D.	3902 Greenmo	ount Avenue	AND
24A. BURIAL C REMOVA			NAME of CEMETERY OF	MATORY BURABLE	DOLL SCHO	odwn Si County) (Sto
25A. DATE REC	D'D BY HEALTH DEPT.	4 44	OF REGISTRAR	250 FUNERAL DIRECTOR	HUAL SUNU	ADDRESS
JAN 1	4 1966 (2.0)	12012	albutte o	MORTHARY	CEDVICE	ncun
VS 150-REV. 1/	1/65	4	70. 53	· Carrante	DUNVIUE	- BUILD



V\$ 150-REV. 1/1/65

		BALTIMORE CITY	HEALTH DEPARTMENT		20 00404
	BIRTH NO.	CERTIFICA	TE OF DEATH	Registered No.	36 00404
1	M.E. CASE NO.  1. NAME OF DECEASED		2. DATE A	ND HOUR OF DEATH	
l	(Type or Print) an. Edwardh. K	ameu. SR.	1-1	1-66	2135 R M
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (WH	ere deceased lived. If in	2:35 R M. stitution: residence before admission)
	FULL NAME OF (If not in hospital or institut	ion, give street	Manglan	L, BALTI	MORE
	HOSPITAL OR oddress or location) INSTITUTION Thursday Home		C. CITY OR TOWN (If o	utside city limits, write I	RURAL and give township)
	Church How	2 horizon	D. STREET ADDRESS	f tutal, give location)	4 261
				ast ave	
		RIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr If Under 24 Hrs.
	MILLITE	WED, DIVORCED (specify)	12-23-89	lost birthdoy)	Months Doys Hours Min.
	10A, USUAL OCCUPATION (Give kind of work 10B, KINI done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
	0	MBIA SPEC. CO.	BALTIMORE	, MD.	U.S.A.
1	3. FATHER'S NAME	IDIT GIZ	14. MOTHER'S MAIDEN NA	AME -	0.0111
	J. HARRY RAMEY		ELLA He.	661165h8	ead,
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war ar dates of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	A1A - \( \sigma \)	212-19-2966	ELIZABETH	RAMEY	SAME
r	18. 420 (01	CAUSE O		7.0	INTERVAL BETWEEN
ı	DISEASE OR CONDITION DIRECTLY		1.*	ph	ONSET AND DEATH
l	LEADING TO DEATH  (This does not meen the mode of dying,	(A) CA	RdiAC A	RRES/	Hour
ı	hearl failure, asthenia, etc. It means the dise	ose,			
	injury or complication which coused death.)  ANTECEDENT CAUSES	BARTA	RIDSCLEROTIC	HEART D	ISCASE YEARS
	DISEASES OR CONDITIONS, if any, gi				
I	rise to the obove cause (A) stating	the (C) Toly	GIN LEFT	+ UNDETERI	nixed
	UNDERLYING CONDITION lost.	ORI	DIN: LEFT	LOWER	
	OTHER SIGNIFICANT CONDITIONS CONTRIBL	ITING LOB	E PHEUMO	KIA	
	TO THE DEATH BUT NOT RELATED TO	THE			
	194. DATE OF OPERATION 198. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or h	IN CERTIFYING CAL	
	THE CO.		No		
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, factory, street, of etc.)	fice bldg., INJURY OCCUR?	(If in Baltimore	City, give exact location)
	21D. TIME (Month) (Day) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
	OF INJURY (APPROX.)	While At Not While At Work			
	22. I certify that (I) (this hospital) ottend	ed the deceased from	10,66	19 10 /	11.66 10
	that (I) (we) lost saw the deceased alive	1.11 13	19 and +	hat in (my) (aur) ani	nian death accurred an the date
	and hour and from the causes stated abov		k -		non decin accorded on the date
	23A. SIGNATURE	e. (i) (we) (did) (did hai) V	tew the body differ death.	•	23B, DATE SIGNED
	RA huser entans	M.D. Atte	nding Med.	Staff	1-11-11
	23C. PHYSICIAN'S		23D. ADDRESS	rnys.	-
	Rodolfol, MAGA	by they M.D.	Church t	ferme of the	agulet
1	24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	C. NAME of CEMETERY OF CRE			ly, town, or countyl (State)
1		RST UN. EVAN.	CEM 61	15 O'DONNE!	1 ST BALTO, MD.
	25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTO	710 9015	CONKLING ST.
	JAN 1 4 1966 () 0. 时 2 、	Tan Seu MLR	100 De	1.1. 30	1-01VKING UT

A GULLIAN HERRY RAMEY THE PROPERTY OF A 20-31 /2011 Ki proprieto Charlet Horse of the por Perior Fol. Mills phin Tory

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.A. at a hospital (except where the physician who pronounced death was in regular attendance on the death was in regular attendance on the death of the death was in a solution of the death of the de FUNERAL DIRECTOR: IMPORTANT

		BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO.	66 00405	CERTIFICA	TE OF DEATH	Registered No.	36 00/05
M.E. CASE NO.			2. DATE AND	HOUR OF DEATH	(1) (1) (2) (1)
(Type or Print)	Jose phine	Slater		112/66	10101
3. PLACE OF DE	ATH IN BALTIMORE, MARYLA	ND	4. USUAL RESIDENCE (Where	deceased lived, If ins	stitution: residence before admiss
. FILL MAAR	os (II aut in brenital artis	4144*	A 1 1		)-/-
HOSPITAL OR	OF (II not in hospital or in: oddress or location)	stitution, give street	C. CITY OR TOJAN (If outsi		URAL and give fownship)
INSTITUTION			0 11	ore	
1 2	1/100	1-11 +-1		rol, give location)	
MION	Memorezi	Nospad	1140 6 Fall	1. Rd	
5. SEX		AARRIED, NEVER MARRIED		AGE (In years	If Under 1 Yr., If Under 24
F	1 12 V	VIDOWED, DIVORCED (specify)	10/19/80 10	st birthdoyl	Months Doys Hours Mir
INA. USUAL OCC	UPATION (Give kind of work 108.	KIND OF BUSINESS OR INDUSTRY		S O	12. CITIZEN OF
	working life, even if retired)		4.4		WHAT COUNTRY?
	1fe		14. MOTHER'S MAIDEN NAM	nd	USA
13. FATHER'S NA	ME		14. MOTHER'S MAIDEN NAM	E	
Edw	in Bri	own			
5. Wos Decease	d Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
	n) (If yes, give wor or dotes of	SECURITY NO.	70/ + -11	17504	406 FALLS A.
NO	1/ /	2/8-12-3/C/	JUHN 1. SZ.	TIEN	
18.4.3	71/		r UtAIM		INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION DIRECT	LY	A		1 11
(This does	not meen the mode of dyir	ig, e.g., DUE TO	JUNE 27	roniz	1 wK
heart lailure	, osthenio, etc. Il meons the	diseose,			
minty of co	mplication which coused deal	(B)		CHF	8
	ANTECEDENT CAUSES	DUE TO		. «Verntiornamenuassossososos	***************************************
	OR CONDITIONS, il ony, ne obove couse (A) slot				
	G CONDITION lost.	· · · · · · · · · · · · · · · · · · ·	\$P\$*****	10 0 4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ande de de de la
	11	Δ			00
OTHER SIGN	DEATH BUT NOT RELATED	RIBUTING COLIN	repurolis "	Sout.	inc
A DISEASE OK	CONDITION CAUSING IT.		/	<i>y</i>	/ 3
19A.DATE O	F OPERATION 198 CONDITION WAS PERFORM	ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE F	INDINGS CONSIDERED
ERT C			y.25		4-21
OF CONTRIB	NT WAS UNDERLYING UTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of		(If in Baltimore	City, give exoct locotion)
	y medical examined	etc.)			
O 21 D. TIME	(Month) (Doy) (Year) (He	out) 21 E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
OF INJURY		While At Not While			
		Work At Work			
	y that (1) (this hospital) att	1		66 to	
that (I) (we	) last saw the deceased al	ive on 1/12	19 6 and that	in(my) (aur) opin	Ion death occurred on the
and hour ar	d from the causes stated a	bove. (I) (We) (did) (di <del>d not) v</del>	iew the body after death.		
23A. SIGNAT		4			23B. DATE SIGNED
_	260 =	M.D. Atte	ending Med. S	loff	1/1-/10
23C. PHYSICI	ANS MARIN V.	esche Phys	s. Director P	hys.	1/1400
NAME (		Fesch o M.D.	UNION MEM	IORIAL HOS	SPITAL
24A. BURIAL CR	EMATION, 248. DATE	24C. NAME of CEMETERY OF CRE	MATORY 24D. LO	CATION (City	y, town, or county) (Stat
REMOVAL	(Specify)	CT MARICI	15		10 2/2/
134 K/1	7-13 66	51. 11111111111111111111111111111111111		92T.	
ZOA. DATE REC'I	BY HEALTH DEPT. 258.	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS'
JANI	1 1000 A a a	0-1-600	Carl Eller	well 34	4 Com
45	MASICUU III. VIII MIS	65-2 12. 113	10100		
'S 150-REV. 171.	ATO CONT. C	A SCALE SECURITION OF		4	

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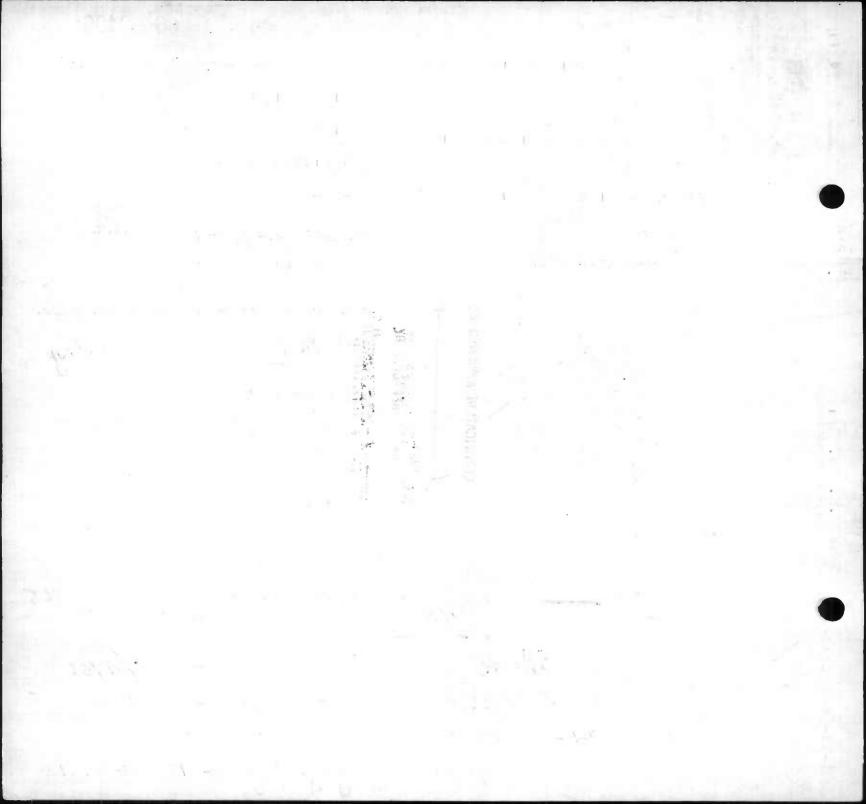
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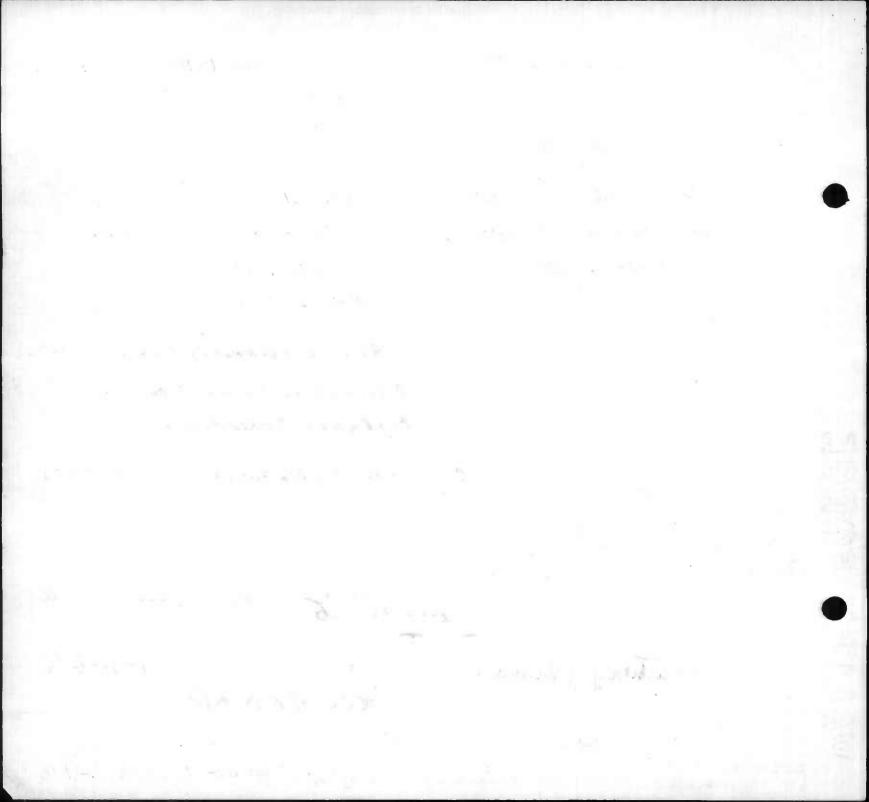
ng cause of death cause; (5) Deceased

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BALTIMORE CITY HEALTH DEPARTMENT 66 00407 Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I NAME OF DECEASED 2 DATE AND HOUR OF DEATH Samuel R. Smith (Type or Print) RESIDENCE (Where deceased lived. If institution: residence before admission death. 3. PLACE OF DEATH IN BALTIMORE MARYLAND Maryland FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) (If outside city limits, write RURAL and give INSTITUTION 3548 Elmley Avenue (If rural, give tacation) 3548 Elmley Avenue mad S. SEX 7. MARRIED, NEVER MARRIED 9. AGE (In years lost birthdov) If Under 1 Yr. If Under 24 Hrs. Months: Doys WIDOWED. DIVORCED (specify) Hours Married IDA USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF Balto. M. Tool & Die Maken U.S.A. 4. MOTHER'S MAIDEN NAME Frederick (. Smith Marrie E. Heiner 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL (Yes, por unknown) (If yes, give wor or dotes of service) SECURITY NO. Kathrin W. Smith - 3548 Elmley Avenue CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ACUTE PULMONARY EXTMA (This does not mean the made of dying, e.g., (B) MYUCARDIAL INFARCTION SEVELAL YEARS
DUE TO 1940

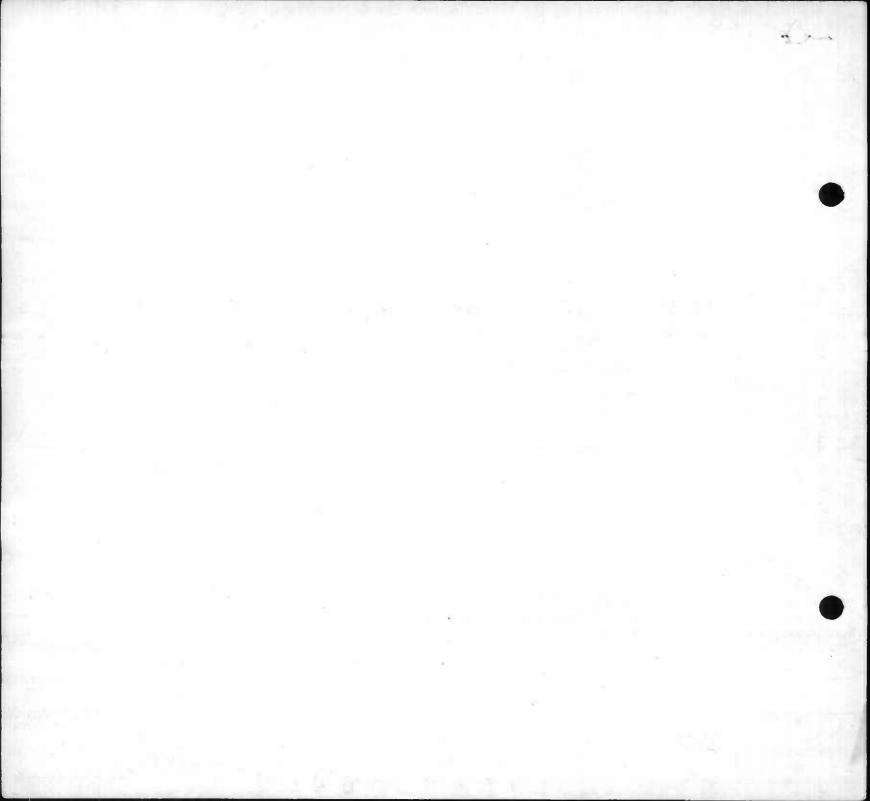
(C) CORDNARY THROMBOSC. heart failure, osthenia, etc. It means the disease. injury or camplication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the abave couse (A) stoling the UNDERLYING CONDITION lost OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE CEREBRAL THRAMBOSIS DISEASE OR CONDITION CAUSING IT. 20 A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) DEATH (notily medical examiner) MEDIC 21 D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While I (APPROX.) At Work Work 22. I certify that (1) (this hospital) attended the deceased fram that (I) (we) last saw the deceased alive an.... and that in(my) (our) aptnion death accurred on the date and hour and from the causes stated abave. (I) (We) (did) (with not) view the bady after death. 23A. SIGNATURE 23 B. DATE SIGNED Attending L Med. Director 23D. ADDRESS 24A. BURIAL CREMATION, deceased REMOVAL (Specify) Gardens of Faith ( em. 25C. FUNERAL DIRECTOR John G. Miller Inc-6415 Belair Rd. -21206



NAME OF DECEASED			
be or cum		2. DATE AND HOUR PRONOUN	CED DEAD
G	eorgia M. Clarke		1/66   5:30 a.,
PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If in A. STATE  B. CO	stitution: residence before odmissi
LL NAME OF (IF NOT IN HOSPIT	AL OR INSTITUTION, GIVE STREET	Maryland C. CITY OR TOWN (If outside corporate limits, wri	
SPITAL OR ADDRESS OR LOCA	ATION)	C. CITT OR IOWN (if outside corporate limits, with	ME RUKAL ond give fownship)
		Baltimore	000
215 B A	ugusta Ave.	D. STREET ADDRESS (If rurol, give locotion)  215 S. Augusta Ave.	
SEX 6. RACE	7. MARRIED, NEVER MARRIED		If Under 1 Yr. If Under 24 h
female white	WIDOWED, DIVORCED (specify)	last birthdoy)	Manths Days Hours Mi
	WIDOWED	OCT 2, 1897 STRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
ne during most of working life, even if retired)		TP	WHAT COUNTRY?
FATHER'S NAME	AT HOME	14. MOTHER'S MAIDEN NAME	
ROBERT MORRIS WAS DECEASED EVER IN U.S. ARMEI	D FORCES? 16, SO CIAL	17. INFORMANT	ADDRESS
s, no orunknown) (If yes, give wor or dot			
		RICHARD S. CLARK 380	
42211	CA	USE OF DEATH	INTERVAL BETWE
RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAST.			
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE DISEASE OR CONDITION CAUSIN  19A. DATE OF OPERATION 19B. CON	ELATED TO THE G IT	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE I	FINDINGS CONSIDERED
WAS PER	RFORMED	no IN CERTIFYING CA	
21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	21B. PLACE OF INJURY (e home, form, foctory, streetc.)	e.g., in or obout 21 C. WHERE DID (If in Boltimore City, et, office bldg., INJURY OCCUR?	give exoct location)
21D TIME (Month) (Doy) (Yes	or) (Hour) 21E. INJURY OCCURR	21F. HOW DID INJURY OCCUR?	
(APPROX.)	WHILE AT NA	OT WHILE	
22.			
I certify that I held on		Autopsy and that on this basis, death in	
resulted from: Notural co	Accident Sul	Icide Undetermined mon	ner
ACTUAL / 100	, 0-1-	CHIEF MEDICAL EXAMINER	DATE SIGNED
	4.	M.D. ASSISTANT MEDICAL EXAMINER	1/11/66
SIGNATURE Worne		ASSOCIATE MEDICAL EXAMINER	1/11/66
SIGNATURE WALLS	Code - M D		1,11,00
SIGNATURE Worne	Spit z. M.D.	RY or CREMATORY 23D, LOCATION (Cit	ty, town, or county) (State)
SIGNATURE  EXAMINER'S  NAME (Type) Werner U.  A. BURIAL CREMATION, 23B. DATE		D	ly, town, or county) (Stote)

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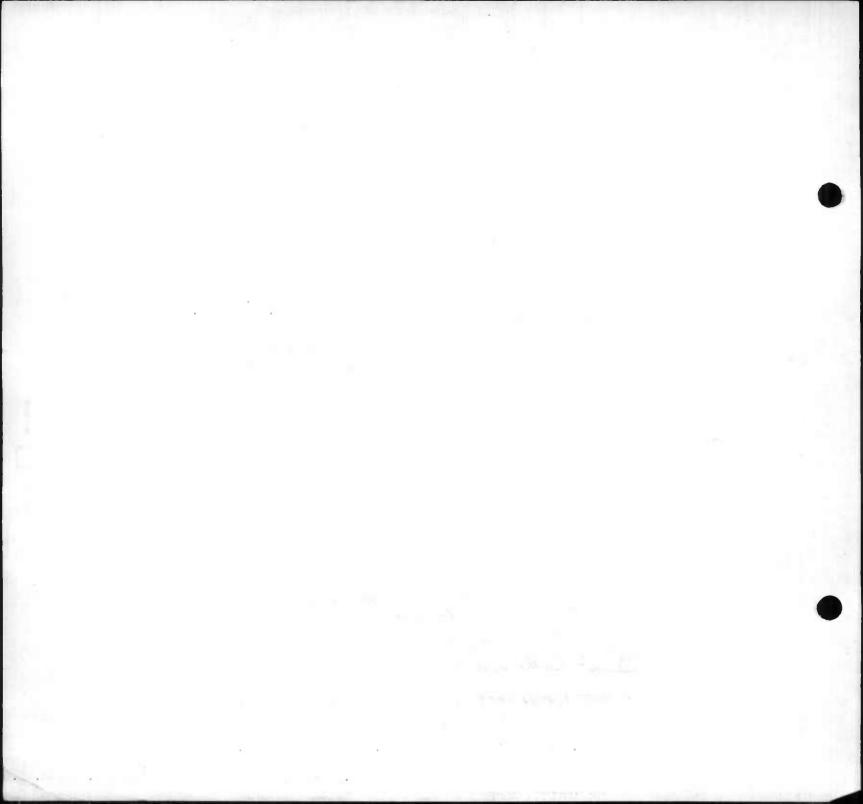
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	ਦੇ ਹੈ ਹੈ ਵਿੱਚ ਹ <b>਼</b>		H NO.	66 (	10409	CERTIFICA	TE OF DEATH	Registered No	·66 00409
5	of death	1. N	AME OF DECEAS	Daucan	Toha	Albert		NO HOUR OF DEAT	
V	of of ce or	3. P	LACE OF DEATH	IN BALTIMORE, MA	RYLAND			ere deceased lived. If	institution: residence before odmission)
V	hos (5) (5) an de	F	ULL NAME OF HOSPITAL OR NSTITUTION	(If not in hospital oddiess or location	or institution, g	ve street	C. CITY OR TOWN (If o	5/2 8 Cutside city limits, with	e RURAL and give township)
\$	l in a ng cau cause; attend ior to	1			/	1	D. STREET ADDRESS	I wool, give location)	m/4 5200
0	D.= L .			ensity a			517 /ce	NT CIR	che
	mi mi secu	5. \$	M 6.1	RACE W	WIDOWED	NEVER MARRIED DIVORCED (specify)	10/18/27	9. AGE (In yeors lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	con con eter n re ecea			TION (Give kind of work			Y 11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
	or and sirio		Devel	OPER	West	NShouse	fa.		usa
_	rect (4) U wa the ispos	13.	FATHER'S NAME	Dous	a N		14. MOTHER'S MAIDEN NA	fags	
Z	e di ind; eath o on	15. Yes	Was Deceased Eve	er in U. S. Armed For	ces? s of service)	1 6- SOCIAL SECURITY NO.	17. INFORMANT	100	ADDRESS
RT	Find x born	N	avy	WWII		166-22-1876	& Wile E.	thel Dzu	JAW SAM
IMPORTAN	s as if any ced nda or		18.033	S I	NECTLY.	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
¥	Viso Niso of of the		LEA	OR CONDITION DIR ADING TO DEATH		(A) \/A	sculitis 96	Lung kin	ducy siept >JAN
	er. A cture prono lar at ibalm		heart failure, ast	mean the mode of thenio, etc. It meons cotion which caused	the disease,	OUE TO	10 God Pasto	neis Syn	· .
Ö	fraction by balling and bear less and bear l	1		TECEDENT CAUSES		(B)	AndidA Sep	ticenia	
DIRECTOR:	× A A P P P P P P P P P P P P P P P P P			CONDITIONS, if		(6)			
2	000 - 5			CONDITION last.	sidning ine	(C)			
AL	medical redical burns; (; hysician in was in	ATION	TO THE DEAT	ANT CONDITIONS C TH BUT NOT RELA NOTION CAUSING I	ATEO TO THE				
FUNER	hief a m sody he p	CERTIFICA	19A. DATE OF OP		DITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or N	IN CERTIFYING C	E FINDINGS CONSIDERED CAUSES OF DEATH?
5	tal by 3; (2) B here to the phy before	-	21 Å. ACCIDENT OR CONTRIBUTIN DEATH (notify me	WAS UNDERLYING CAUSE OF edicol exominer)	21 B. home	PLACE OF INJURY (e.g., form, foctory, street,	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltim	ore City, give exact location)
	hospite nature; ept wh d (6) Nained b		21 D. TIME (M	Month) (Ooy) (Year)		INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
	ove he he cep		(APPROX.)		Worl	At Work		(1	16 61
	approper to the fan, (ex.); and (			at (I) (this haspital st saw the decease		e deceased fram		19 66 ta	plnian death accurred an the date
	@_ o B E A		The same of the sa				view the bady after death		ginion decin deconed on the dan
	dent dent ospiri dear must		23A. SIGNATURE						23B. DATE SIGNED
	50:540-		F.P.	Toskes			tending Med. ys. Oirector	Stoff Phy s.	1/6/66
	n are are rior	1	PHYSICIAN'S NAME (Type)		1	M. 0	230. ADDRESS	.44 4	(0.50)
	certificate mody was refer. (1) An acc D.O.A. at a assed prior then approva	244	BURIAL CREMA REMOVAL (Spec	TION, 24B. DATE	5/CES 24C. NA	ME of CEMETERY of CI	-		(City, fown, or county) (Stole)
	FU-OO-	T.	REMOVAL (Spec	13 an.	6 M	Cantle un IM	amories PK	Man Re	wir md.
	S S S S S S S S S S S S S S S S S S S	254	DATE REC'D BY		258. NAME, O	F REGISTRAR	25C. FUNERAL DIRECTO	Robert	Paris ADDRESS
	th sha	1	JAN 14	1966 ( See)	TE, COL	CHARLE THE COLUMN TO THE COLUM	Singletor	Tunul	John Hen Burne



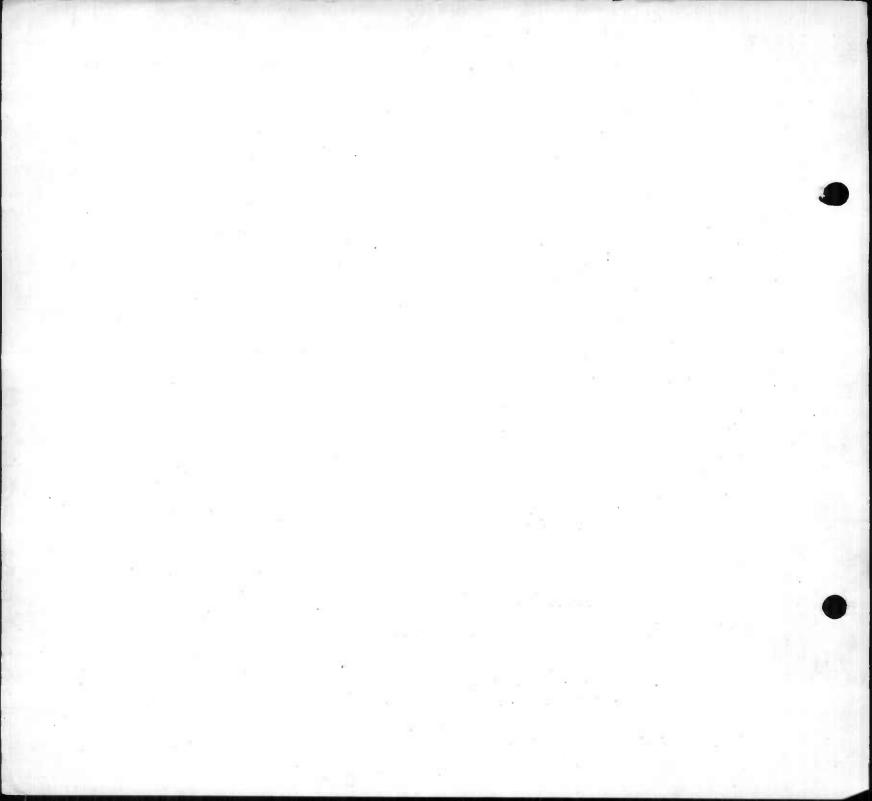
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and 🔾

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

00 00 13 0		HEALTH DEPARTMENT	4/					
BIRTH NO. 66 00410	CERTIFICA	TE OF DEATH	Registered Non	0.00410				
M.E. CASE NO.	OEK ( III 10/ t		ID HOUR OF DEATH	9 00-230				
	Lillian		1	030				
3. PLACE OF DEATH IN BALTIMORE MARYLAND	Lillan		2 66	stitution: residence before admission)				
		A. STATE B. COUN	.TY	= 3 = =				
FULL NAME OF (If not in hospital or institut				maryland 53-00				
INSTITUTION	Y A	C. CITY OR TOWN (If outside city limits, write RURAL and give township)						
14 bon Secours Ho	Bon Secours Hospital			D. STREET ADDRESS (If ruro), give location)				
				222 F Medwick Carth				
5. SEX   6. RACE   7. MAR	RIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In yours	If Under 1 Yr. If Under 24 Hrs.				
WIDO	WIDOWED, DIVORCED (specify)			If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.				
10A. USUAL OCCUPATION (Give kind of work 10B. KIN		11. BIRTHPLACE (State or forei	ign country)	12. CITIZEN OF				
done during most al working lile, even it retired)		B. Otino		WHAT COUNTRY?				
HOUSE WITE  13. FATHERS NAME		14. MOTHER'S MAIDEN NAM	316	Ballimore				
13. FAIHERS NAME		14. MOTHERS MAIDEN NAM	WE					
Walter Elserod	(Elseroad)	Porter	Sallie					
15. Was Deceased Ever in U. S. Armod Forces? (Yas, no or unknown) (If yes, give war ar dates of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS				
No		Char 222	E. Medwick Ga erbert A. Rev	rth (Catonsville)28				
18./ 70 X	CAUSE O		DIOCIO A. RCY	INTERVAL BETWEEN				
DISEASE OR CONDITION DIRECTLY			a/ L	ONSET AND DEATH				
LEADING TO DEATH	(A)	Careinsma	of Breas!					
(This does not meon the mode of dying, heart failure, asthenia, etc. It means the dise injury or complication which coused death.)	e.g., DUE TO gase,	Carcinoma Metastasi	to lung.					
ANTECEDENT CAUSES	(R)		,	100				
	DUE TO		1 MA NOW MAN AN AND WAY MAN AND WAS SEEN AND AND WAS SEEN AND AND AND AND AND AND AND AND AND AN					
DISEASES OR CONDITIONS, if any, gi								
UNDERLYING CONDITION last.	Assessment	10 <del>00</del> 1108001000000000000000000000000000	***************************************					
OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				- 71				
		TAA						
19A. DATE OF OPERATION WAS PERFORMED	198. CONDITION FOR WHICH OPERATION WAS PERFORMED			INDINGS CONSIDERED USES OF DEATH?				
U 21A. ACCIDENT WAS UNDERLYING	218 PLACE OF INJURY (e.a. in	in or about 21C. WHERE DID (If in Boltimore City, give exact location)						
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, of	fice bldg., INJURY OCCUR?		,,,				
2	21E. INJURY OCCURRED	215 110111 212 1111						
OF INJURY	While At Not While		21F. HOW DID INJURY OCCUR?					
(APPROX)	Work At Work							
22. I certify that (I) (this hospital) attend	ed the deceosed fram	12-28	1965 ta	1 - 12 1966.				
that (I) (we) last saw the deceased alive	on 1- 12	1966 and the		ian death accurred an the date				
and hour and from the causes stated obov	e. (1) (We) (did) (did nat) v	iew the bady ofter death.						
23A. SIGNATURE				238. DATE SIGNED				
Duli Evethan	oroanal M.D. Atte	nding Mod.	Stoff Phys.	1/12/66				
23C. PHYSICIAN'S		3D. ADDRESS	rnys.	110166				
NAME (Type) PICHIT LUATHAN	AFTISAR M.D.	BON Seco	ues Absa	TAL DAT. Med				
24A. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)	C. NAME of CEMETERY OF CRE	MATORY 24D. LO	OCATION (City	y, town, or county) (State)				
	Corraine Pork Com	Rali	to. Maryland					
Burial Jan. 15, 1966	ME OF REGISTEAR	25C. FUNERAL DIRECTOR	no mary rail	ADDRESS				
JAN 1 4 1966 ( Dela 12.0	Surface ( )		ab 3512 Fred	erick Ave. Balto.Md.				
VS 150-REV. 1/1/65		a de la summer in CITA	1744 1160	OTTOR BIOS DELOUSING.				



	AME OF DEC	EASED			2. DATE AN	D HOUR OF DEATH	4	
	Baby Boy Tinda C. White			1-5-66 9:45				
3. P	PLACE OF DEATH IN BALTIMORE, MARYLAND			4. USUAL RESIDENCE (When	e deceosed lived. If TY	institution: residence before odm		
FULL NAME OF (If not in hospital or institution, give street oddress or location) INSTITUTION					Maryland  c. CITY OR TOWN (If outside city limits, write RURAL and give township)  Battimore 21227  D. STREET ADDRESS (If rurol, give location)			
5. S		6. RACE White	7. MARRIE	D, NEVER MARRIED VED, DIVORCED (specify)  Married		P. AGE (fn years lost birthdoy)	If Under 1 Yr. If Under 2 Months Doys Hours	
			k 10B, KIND	OF BUSINESS OR INDUSTR	1 11. BIRTHPLACE (Stote or forei	gn country)	12. CITIZEN OF	
done during most of working life, even if retired)					Maryland WHAT COUNTRY?			
13.	FATHER'S NA	WE			14. MOTHER'S MAIDEN NAM	AE		
R	obert	Humphries			Linda Gail	White		
15.	Wos Deceosed	Ever in U. S. Armed Fo	rces? es of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
		asthenia, etc. Il means		se,		6	0 95	
CATION	DISEASES (IN THE RESEASE OF THE RESE	ANTECEDENT CAUSES  OR CONDITIONS, if e above couse (A) G CONDITION last.  II  IFICANT CONDITIONS ( IEATH BUT NOT REL. CONDITION CAUSING	d deoth.)  S any, giving stating the contribution of the contribut	ng he (C)	IZOA, AUTOPSYZ (Yes or No	I 208. IF YES, WER	8	
ERTIFICATION	DISEASES (ise to the UNDERLYIN)  OTHER SIGN TO THE DISEASE OR 19A. DATE OF	ANTECEDENT CAUSES OR CONDITIONS, if e above couse (A) G CONDITION last.  II IFICANT CONDITIONS ( EATH BUT NOT REL. CONDITION CAUSING F OPERATION 198. COP	d deoth.)  any, giving stating the state of	ng he (C) ING THE	20A. AUTOPSY? (Yes or No	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?	
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MEDICAL CERTIFICATI	DISEASES (rise to the UNDERLYIN)  OTHER SIGN TO THE DISEASE OR 19A. DATE OF OR CONTRIBUTE OF INJURY (APPROX.)  21 D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we ond haur an 23A. SIGNAT!	ANTECEDENT CAUSES OR CONDITIONS, if e above couse (A) G CONDITION last.  IIIICANT CONDITIONS (INCOMPRESSED OF CONDITION CAUSING CONDITION CAUSING CONDITION CAUSING CONDITION (Doy) (Year)  Though (Doy) (Year)  I thot (I) (this hospiton couses stock cous	any, giving stating of the stating o	ING THE  R WHICH OPERATION  PIE. PLACE OF INJURY (e.g., street, street	yES in or about 21C. WHERE DID office bidg., INJURY OCCUR?  21F. HOW DID INJ ile	URY OCCUR?  19 66 to  19 10 to open of the country of the country occurs of the country of the c	E FINDINGS CONSIDERED AUSES OF DEATH?  DIE City, give exoct locotion)  1-5 19  pinion death occurred on the last signed of the	
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BIRT	H NO.	MED	ICAL EX	(AMINER'S CI	ERTIFICAT	E OF	DEATH Register	red No		
M.E	CASE NO.									
I. N	AME OF DE	CEASED				2. DATE AND HOUR PRONOUNCED DEAD				
Thomas G. Smallwood					1/11/66 15:00 a				5:00 a. M	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD				4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission)  A. STATE  Maryland  Maryland						
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION					C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)					
					Baltimore				-	
1803 N. Broadway					D. STREET ADDRESS (If rurol, give locoston)  1803 N. Broadway					
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED				NEVER MARRIED	8. DATE OF BIRTH  9. AGE (In years   If Under 1 Yr. If Under 24 Hr   lost birthday   Months, Days, Hours, Min.					
male colored WIDOWED, DIVORCED(specify)				1-12-1900 65			With his D	Pays   Hours   Min.		
10A.	USUAL OCC	UPATION (Give kind of wor	Widowe	BUSINESS OR INDUSTRY				12. CITIZEN		
_		warking life, even if retired)	0.16		N C 1			WHAT	COUNTRY?	
	etired	A F	Seli-	-employed	N. Carol:			U.S.A	A	
	ATTIEND TO A				14.140   11.143   14.14	AIDEN NAM				
	unknown				unknown					
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no grunknown) (If yes, give war ar dates of service)  SECURITY NO.				17. INFORMANT4	24 E. I	afayette Av	ADDRESS		
	no				Mr. Willi:					
	18. / / /	0 1			OF DEATH			- 11	NTERVAL BETWEEN	
	7 40	X 1 / I		CAUSE	OF DEATH				ONSET AND DEATH	
	DISEA	SE OR CONDITION DI LEADING TO DEATH	RECTLY	Arterio	sclerotic	cardio	vascular di	92892		
	LEADING TO DEATH  (This does not mean the made of dying e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO								•••••	
	ANTECENDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE									
		NG CONDITION LAST.	IAIING INE							
Z.				(C)		*************				
CERTIFICATION	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE									
		R CONDITION CAUSING			***************************************		**************	•••••••••••••••••••••••••••••••••••••••	**********************	
					20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS COI IN CERTIFYING CAUSES OF DEA:					
O	21A. EXTERNAL CAUSE WAS  21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location)  UNDERLYING □ OR CONTRIB-  UNDERLYING □ OR CONTRIB-  UTING □ CAUSE OF DEATH.									
21D TIME (Manth) (Day) (Year) (Haur) 21E, INJURY OCCURRED 21E, HOW DID INJURY OCCUR?										
1	21D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURED 21F. HOW DID INJURY OCCUR?  (APPROX.) WHILE AT NOT WHILE AT NOT WORK									
	22. I certify that I held an Inquiry Inspection Autapsy and that an this basis, death in my opinion									
	resul	esulted fram: Natural causes 🕱 Accident 📗 Sulcide 📗 Homlcide 🔲 Undetermined manner								
SIGNATURE WELLE										
									DATE SIGNED	
									100	
	EXAMIN	_ ,	n II Cm	t- MD	ASSOCIATE ME	EDICAL E	CAMINER	1/11,	/00	
	BURIAL CRE	MATION, 23B. DATE	r U. Spi	C. NAME OF CEMETERY OF	CREMATORY	23 D. L	OCATION (City,	town, or cou	unty) (State)	
	Burial	1-15-	66	Mt. Calvary Ce	emetery	Bal	ltimore, Mar	yland		
24A. DATE REC'D BY HEALTH DEPT.   24B. NAME OF REGISTRAR   24C. FUNERAL DIRECTOR 1735 Harford Av. ADDRESS								DRESS		
JAN 1 4 1966 (R.O. F. S. January Marshall W. Jones, Jr.										
VS	151-REV. 1/1/	65							7.1	

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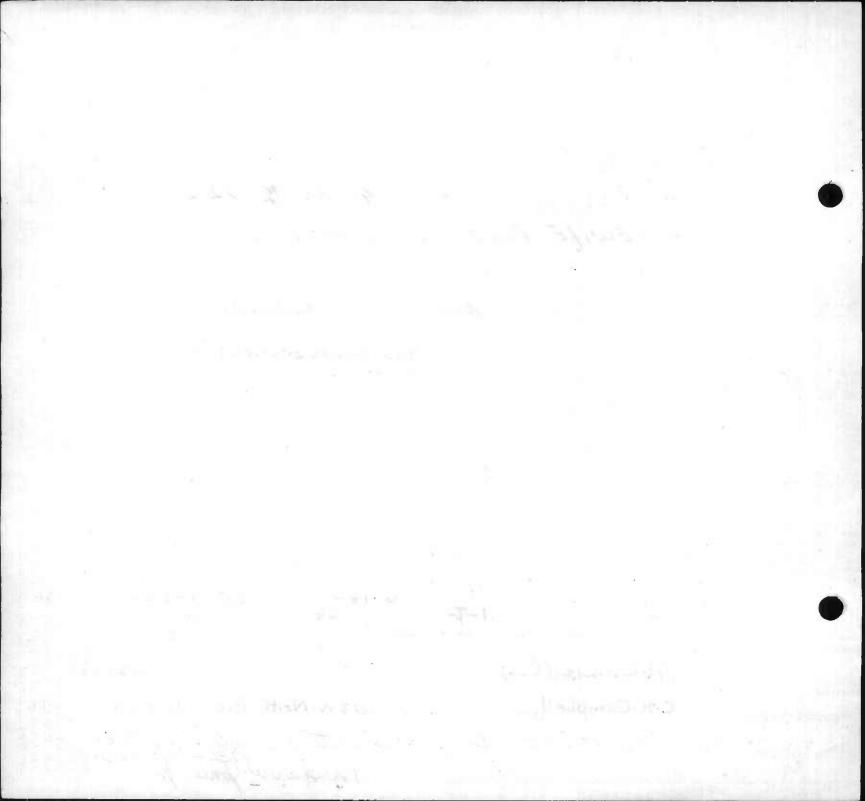
25C. FUNERAL

DIRECTO

the body was released to the hospital wos D.O.A. shows: (1) eceased decease

REC'D BY HEALTH DEPT.

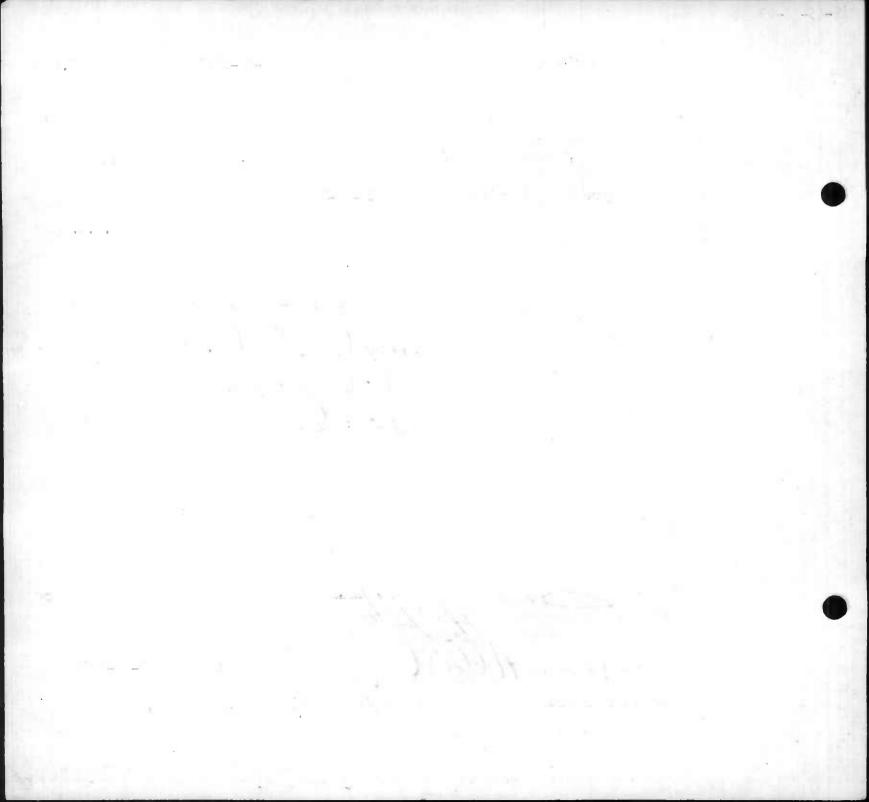
25B. NAME OF



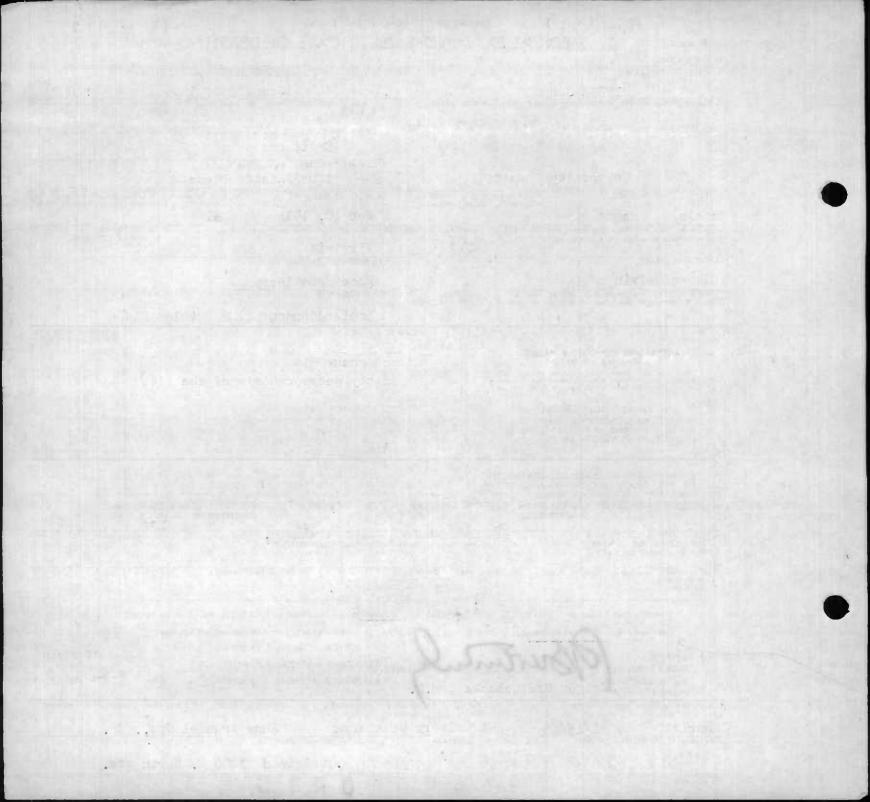
VS 150-REV. 1/1/65

Halstead 1206

North Ave



BIRTH NO. M.E. CASE NO.	MED	ICAL EX	AMINER'S C	CERTIFICA	TE OF D	EATH Registe	ered Na
I. NAME OF DE	CEASED		4		2. DATE AND	HOUR PRONOUNC	ED DEAD
(Type or Print)							
3. PLACE IN BAL	IRENE JOH		NCED DEAD	4. USUAL RESID	DENCE (Where	ary 8, 1966	itution: residence before admiss
				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admissing the state of the state o			
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION			C. CITY OR TO		corporate limits, write	RURAL and give township)	
/							100
University Hospital				D. STREET ADD		ds Place	
5. SEX	WIDOWED, DIVORCED(specify)		8. DATE OF BIRT		9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Months, Days, Hours, Mi	
female	negro			Feb 10,		51	
	CUPATION (Give kind of world f working life, even if retired)	KIOR KIND OF	BUSINESS OR INDUSTR	RY 11. BIRTHPLACE	(State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
				Vigginia			
13. FATHER'S NA	ME			14. MOTHER'S M	AIDEN NAME		
James C	alvin			Rose Far	untlerov		
	SED EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS
	, , , , , , , , , , , , , , , , , , , ,			Louis Jo	ohnson	1108 Shield	is Place
18.	12		CAUS	E OF DEATH			INTERVAL BETWEE
RISE TO THE UNDERLY	OR CONDITIONS, IF A HE ABOVE CAUSE (A) S ING CONDITION LAST.  II  GNIFICANT CONDITIONS DEATH BUT NOT RE	CONTRIBUTION					
E DISEASE	OR CONDITION CAUSING	G IT.					
19A. DATE O	OF OPERATION 198. CON WAS PER		WHICH OPERATION	To the state of		OB. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH? YES
UNDERLYING	AL CAUSE WAS DOR CONTRIB- USE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., farm, foctory, street,	, in or about 21 C.	WHERE DID	f in Boltimore City, gi	ve exact location)
21D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeo	v	TE. INJURY OCCURRED  WHILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	WHILE WORK	DINI DID WO	RY OCCUR?	
22.				-	J. J	1	
	ertify that I held an I					s basis, death In r	
resu	ulted fram: Natocal ca	usesXX A	ccidentSulci	de Hamic	ide U	ndetermined mann	er
	MA	J. 5	7 ()		EDICAL EX		DATE SIGNED
SIGNA		Uste	1 wh w	D. ASSISTANT M	EDICAL EX	AMINER X	DATE STORES
			the second secon	ASSOCIATE A			1-9-66
NAME	NER'S Rudiger	Breitene	cker, M.D.				
23A. BURIAL CR REMOVAL (Speci	REMATION, 238. DATE		C. NAME OF CEMETERY	er CREMATORY	23D. LC	CATION (City	, town, or county) (State)
Burial	1/15/6	6 N	It Calvary Ce	metery	Ann	e Arundel C	ty. Md.
24A. DATE REC'I	D BY HEALTH DEPT.	248. NAME	OF REGISTRAR		AL DIRECTOR		ADDRESS
JAN 1	4 1966 P. C.	E. 3 7	Bouma	A. Ha	alstead	1206 W. No	orth Ave.
VS 151-REV. 1/1		1 9	6 6 6 0	000	5		



1			
N-	T	7	7
. 6	)	0	

M.E. CASE NO. 1. NAME OF DECEASED

FULL NAME OF HOSPITAL OR INSTITUTION

Unknown

CERTIFICATION

(Type ar Print) FRANK C. NEMICK 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

Franklin Square Hospital DOA

2. DATE AND HOUR PRONOUNCED DEAD

January 11, 1966

1:50 PM. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY

> INTERVAL BETWEEN ONSET AND DEATH

Maryland (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN (If autside carparate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give lacation)

911 Ryan St.

If Under 1 Yr. If Under 24 Hrs. Manths, Days, Haurs, Min. 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) WIDO WED, DIVORCED (specify) white male Married Jan 28, 1903

10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? dane during most al warking life, even if retired) Police Guard U.S.A Continental Can Maryland 14. MOTHER'S MAIDEN NAME

13. FATHER'S NAME

Unknown 17. INFORMANT 16. SOCIAL

PULTO- disease

DUE TO

ADDRESS

SECURITY NO. (Yes, no ar unknown), (If yes, give war ar dates of service) 217-09-5847 Helen E. Nemec 911 Ryan St

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or camplication which caused death.)

ANTECENDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

yes

20 A. AUTOPSY? (Yes at Na) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID (If in Baltimare City, give exact location) home, form, factory, street, affice bldg., NJURY OCCUR?

21E, INJURY OCCURRED (Year) WHILE AT NOT WHILE

21F. HOW DID INJURY OCCUR?

22. I certify that I held an Inquiry

(Manth) (Day)

Inspection

AutopsyX

and that an this basis, death in my apinlan

Undetermined manner

Arteriosclerotic and hypertensive cardiovascular

resulted from: Natural causes XX Accident Suicide ACTUAL

CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER

ASSOCIATE MEDICAL EXAMINER

Hamicide

DATE SIGNED 1-12-66

EXAMINER'S NAME (Type) Rudiger Breitenecker, M.D.

1-15166

23C. NAME OF CEMETERY OF CREMATORY

Loudon Park Cemetery

23D. LOCATION (City, tawn, ar caunty) Frederick Road Baltowd

24A. DATE REC'D BY HEALTH DEPT.

SIGNATURE.

23A. BURIAL CREMATION,

REMOVAL (Specify)

21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-

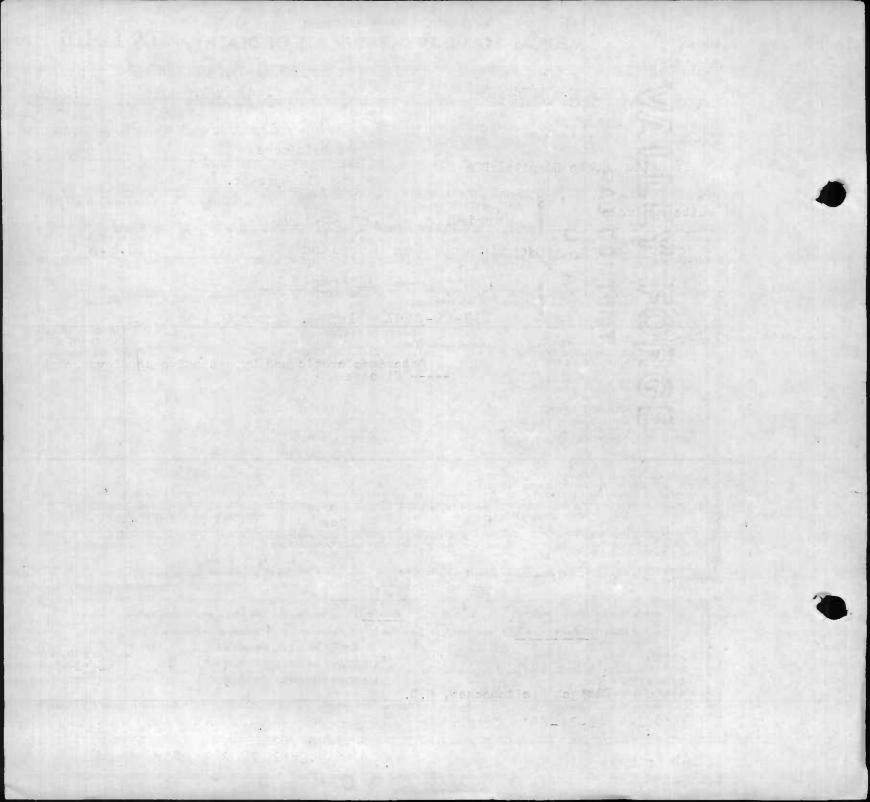
21 D TIME

OF INJURY

248, NAME OF REGISTRAR

24C. FUNERAL DIRECTOR ADDRESS 7200 Harford Road

VS 151-REV. 1/1/65



	AME OF DECEASED		2. DATE AND HOUR OF DEA	тн
тур	e or Print) Harris, Wal	ter Edward	1/12/66	8:50 A
3. P	LACE OF DEATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Where deceased lived. A. STATE B. COUNTY	lf institution: residence belare admissia
F	ULL NAME OF (II not in hospital	or institution, give street	Maryland	15-47
H	OSPITAL OR oddress ar lacotio	n)		ite RURAL and give tawnship)
	eterans Administrati	-	Baltimore	
1	900 Loch Raven Blvd.		D. STREET ADDRESS (II rural, give location)	
	Baltimore, Maryland 2		2903 Windsor Ave	
-	Male Negro	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)  Married	8. DATE OF BIPTH  9. AGE (In years lost birth by)  9. AGE (In years lost birth by)	H Under 1 Yr. H Under 24 H Manths: Days Haurs Min.
	. USUAL OCCUPATION (Give kind of wore during most of working life, even if retired)  Carpenter	Unknown	Y 11. BIRTHPL Ct (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. F	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	1
S	teve Harris		Emma Jackson	
5. V	Was Deceased Ever in U. S. Armed Fa i, no ar unknown) (If yes, give war ar date	es of service) SECURITY NO.	17. INFORMANT Veterans Hospital Reco	rds ADDRESS
	0/2//01/2.	La Company	2 3900 Loch Raven Blvd.,	
	18.334XI		OF DEATH	ONSET AND DEATH
	DISEASE OR CONDITION DI		ebral edema	3 days
	(This does not mean the mode of	dying, e.g., DUE TO	SDIAT Edelier	2 44, 5
	heart foilure, asthenia, etc. It means injury or complication which coused			
	injury or complication which coused		propre insorred and a	3 770276
		(B)	ebral arteriosclerosis	3 years
	ANTECEDENT CAUSES	(B) DUE TO	ebral arteriosclerosis	3 years
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the obove couse (A)	(B) DUE TO	ebral arteriosclerosis	3 years
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if	(B) DUE TO	ebral arteriosclerosis	3 years
TION	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the obove couse (A) UNDERLYING CONDITION tost.  OTHER SIGNIFICANT CONDITIONS (TO THE DEATH BUT NOT REL.)	ony, giving stating like (C)	ebral arteriosclerosis	
ATIO	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the obave couse (A) UNDERLYING CONDITION tost.	any, giving stating the (C)  CONTRIBUTING Hypertens: The properties of the control of the contro	ive cardiovascular disease	
L CERTIFICATIO	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the obove couse (A) UNDERLYING CONDITION tost.  OTHER SIGNIFICANT CONDITIONS (TO THE DEATH BUT NOT REL. DISEASE OR CONDITION CAUSING 19A-DATE OF OPERATION 19B. CON	any, giving stating like (C)  CONTRIBUTING Hypertens: ATED TO THE IT.  NOTION FOR WHICH OPERATION FORMED	ive cardiovascular disease    20 A. AUTOPSY? (Yes or No)   20 B. IF YES, WE IN CERTIFYING YES YES	3 years
EDICAL CERTIFICATIO	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the obove couse (A) UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS (TO THE DEATH BUT NOT RELIDISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CONVAS PER 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer)	any, giving stating like (C)  CONTRIBUTING Hypertens: IT.  NOTION FOR WHICH OPERATION (FORMED)  21B. PLACE OF INJURY (e.g., home, form, factory, street, etc.)	ive cardiovascular disease    20A. AUTOPSY? (Yes or No)   20B. IF YES, WE IN CERTIFYING YES   Yes	3 years  RE FINDINGS CONSIDERED CAUSES OF DEATH?
MEDICAL CERTIFICATIO	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the obave couse (A) UNDERLYING CONDITION to st.  OTHER SIGNIFICANT CONDITIONS (TO THE DEATH BUT NOT RELDISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CONWAS PER 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	CONTRIBUTING Hypertens:  ATED TO THE IT.  ADDITION FOR WHICH OPERATION FORMED  21B. PLACE OF INJURY (e.g., home, lorm, factory, street, etc.)  (Hour) 21E. INJURY OCCURRED While At Not Whi	ive cardiovascular disease    20A. AUTOPSY? (Yes or No)   20B. IF YES, WE IN CERTETING YES   in or obout   21C. WHERE DID office bldg., INJURY OCCUR?	3 years  RE FINDINGS CONSIDERED CAUSES OF DEATH?
MEDICAL CERTIFICATIO	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the obove couse (A) UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS (TO THE DEATH BUT NOT RELIDISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CONVAS PER 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer)  21D. TIME (Manth) (Doy) (Year) (APPROX.)	CONTRIBUTING Hypertens:  ATED TO THE IT.  DITION FOR WHICH OPERATION (a.g., home, lorm, foctory, street, etc.)  (Hour) 21E INJURY OCCURRED While At Work At Work	ive cardiovascular disease    20A. AUTOPSY? (Yes or No)   20B. IF YES, WE IN CERTIFING YES in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	3 years  RE FINDINGS CONSIDERED CAUSES OF DEATH?  more City, give exact locotion)
MEDICAL CERTIFICATIO	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the obove couse (A) UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS (TO THE DEATH BUT NOT RELIDISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CONVAS PER 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer)  21D. TIME (Manth) (Doy) (Yearl OF INJURY (APPROX.)	CONTRIBUTING Hypertens: ATED TO THE IT.  ADDITION FOR WHICH OPERATION FORMED  21B. PLACE OF INJURY (e.g., home, lorm, factory, street, etc.)  (Hour) 21E. INJURY OCCURRED While At Work  Work At Work  I) attended the deceased from J	ive cardiovascular disease    20A. AUTOPSY? (Yes or No.)   20B. IF YES, WE IN CERTIFYING YES   in or obout 21C. WHERE DID office bldg., INJURY OCCUR?   21F. HOW DID INJURY OCCUR?	3 years  RE FINDINGS CONSIDERED CAUSES OF DEATH?  more City, give exact locotion)
MEDICAL CERTIFICATIO	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the obove couse (A) UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL. DISEASE OR CONDITION CAUSING  19A. DATE OF OPERATION 19B. CONWAS PER  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer)  21D. TIME (Manth) (Doy) (Year) OF INJURY (APPROX.)  22. I certify that (A) (this hospital that (I) (was) last saw the decease.	CONTRIBUTING ATED TO THE IT.  CONTRIBUTING Hypertens:  ATED TO THE IT.  NOTION FOR WHICH OPERATION  218. PLACE OF INJURY (e.g., home, form, factory, street, etc.)  (Hour) 21E. INJURY OCCURRED  While At Not Whork  Work Not Work  At Work  I) attended the deceased from J.  ed alive an January 12.	ive cardiovascular disease    20A. AUTOPSY? (Yes or No)   20B. IF YES, WE IN CERTIFYING YES   in or obout 21C. WHERE DID office bldg., INJURY OCCUR?   (II in Bolff office bldg., INJURY OCCUR?   (III in Bolff office bldg., III in Bolff office bldg., INJURY OCCUR?   (III in Bolff office bldg., III in Bolff office bldg., I	3 years  RE FINDINGS CONSIDERED CAUSES OF DEATH?  more City, give exact locotion)
MEDICAL CERTIFICATIO	DISEASES OR CONDITIONS, if rise to the obove couse (A) UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS (TO THE DEATH BUT NOT RELIDISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CONWAS PER 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)  21D. TIME (Manth) (Doy) (Year) (APPROX.)  22. I certify that (A) (this hospital that (Manth) for the causes so and house and from the cause so and from the cau	CONTRIBUTING Hypertens: ATED TO THE IT.  ADDITION FOR WHICH OPERATION FORMED  21B. PLACE OF INJURY (e.g., home, lorm, factory, street, etc.)  (Hour) 21E. INJURY OCCURRED While At Work  Work At Work  I) attended the deceased from J	ive cardiovascular disease    20A. AUTOPSY? (Yes or No)   20B. IF YES, WE IN CERTIFYING YES   in or obout 21C. WHERE DID office bldg., INJURY OCCUR?   (II in Bolff office bldg., INJURY OCCUR?   (III in Bolff office bldg., III in Bolff office bldg., INJURY OCCUR?   (III in Bolff office bldg., III in Bolff office bldg., I	3 years  RE FINDINGS CONSIDERED CAUSES OF DEATH?  more City, give exact locotion)  muary 12, 19 66  aplnian death accurred an the d
MEDICAL CERTIFICATIO	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the obove couse (A) UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL. DISEASE OR CONDITION CAUSING  19A. DATE OF OPERATION 19B. CONWAS PER  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer)  21D. TIME (Manth) (Doy) (Year) OF INJURY (APPROX.)  22. I certify that (A) (this hospital that (I) (was) last saw the decease.	CONTRIBUTING Hypertens:  ATED TO THE IT.  BOTTON FOR WHICH OPERATION (a.g., home, lorm, factory, street, etc.)  (Hour) 21E INJURY OCCURRED While At Work  Work Not When the deceased from Jed alive an January 12.  (Heat above. (f) (We) (did) (did sof)	ive cardiovascular disease    20A. AUTOPSY? (Yes or No)   20B. IF YES, WE IN CERTETING YES   in or obout 21C. WHERE DID office bldg. INJURY OCCUR?   21F. HOW DID INJURY OCCUR?   in or obout 21C. WHERE DID office bldg. INJURY OCCUR?   21F. HOW DID INJURY OCCUR?	3 years  THE FINDINGS CONSIDERED CAUSES OF DEATH?  THORE City, give exact locotion)  THE PROPERTY 12, 19 66  The application of the death accurred an the death accurred and the death
MEDICAL CERTIFICATIO	DISEASES OR CONDITIONS, if rise to the obove couse (A) UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS (TO THE DEATH BUT NOT RELIDISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CONWAS PER 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer)  21D. TIME (Manth) (Doy) (Year) OF INJURY (APPROX.)  22. I certify that (A) (this hospital that (I) (well) last saw the decease and knowledge of the causes of 23A. SIGNATURE	CONTRIBUTING ATED TO THE IT.  CONTRIBUTING Hypertens:  ATED TO THE IT.  NOTION FOR WHICH OPERATION (FORMED)  218. PLACE OF INJURY (e.g., home, form, factory, street, etc.)  (Hour) 21E. INJURY OCCURRED While At Not Work Work At Wor	20A. AUTOPSY? (Yes or No)   20B. IF YES, WE IN CERTIFYING YES   YeS   IN CERTIFYING YES	3 years  THE FINDINGS CONSIDERED CAUSES OF DEATH?  THORE City, give exact locotion)  THE PROPERTY 12, 19 66  The application of the death accurred an the death accurred and the death
MEDICAL CERTIFICATIO	DISEASES OR CONDITIONS, if rise to the obove couse (A) UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS (TO THE DEATH BUT NOT RELIDISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CONWAS PER 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)  21D. TIME (Manth) (Doy) (Year) (APPROX.)  22. I certify that (A) (this hospital that (Manth) for the causes so and house and from the cause so and from the cau	CONTRIBUTING ATED TO THE IT.  CONTRIBUTING ATED ATED ATED ATED ATED TO THE IT.  CONTRIBUTING ATED ATED ATED ATED ATED ATED ATED ATED	20A. AUTOPSY? (Yes or No)   20B. IF YES, WE IN CERTIFYING YES   YeS   IN CERTIFYING YES   YeS   IN CERTIFYING YES   YeS   IN CERTIFYING YES   IN	3 years  RE FINDINGS CONSIDERED CAUSES OF DEATH?  more City, give exact locotion)  muary 12, 19 66  aplinian death accurred on the d
MEDICAL CERTIFICATIO	DISEASES OR CONDITIONS, if rise to the obove couse (A) UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITION STORM TO THE DEATH BUT NOT RELIDISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CONWAS PER OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Manth) (Doy) (Year) OF INJURY (APPROX.)  22. I certify that (A) (this hospital that (I) (well last saw the decease on the property of the causes of the country of the causes of the country of the causes of the country of the causes of the cause of the causes of the	CONTRIBUTING ATED TO THE IT.  CONTRIBUTING ATED ATED ATED ATED ATED TO THE IT.  CONTRIBUTING ATED ATED ATED ATED ATED ATED ATED ATED	ive cardiovascular disease    20A. AUTOPSY? (Yes or No)   20B. IF YES, WE IN CERTETING YES   in or obout 21C. WHERE DID office bldg., INJURY OCCUR?   21F. HOW DID INJURY OCCUR?	3 years  RE FINDINGS CONSIDERED CAUSES OF DEATH?  more City, give exact locotion)  muary 12, 19 66  aplinian death accurred an the d  23B. DATE SIGNED  January 13, 196  Loch Raven Blvd.
MEDICAL CERTIFICATIO	DISEASES OR CONDITIONS, if rise to the obove couse (A) UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITION SITUATION TO THE DEATH BUT NOT RELIDISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CONVAS PER 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Manth) (Doy) (Year) (APPROX.)  22. I certify that (A) (this hospital that (M (wg) last saw the decease and household train the causes shall be contained to the causes of the country of the causes of the cause of t	CONTRIBUTING Hypertens:  ATED TO THE IT.  BOTTON WHICH OPERATION (C.)  AND THOUR OF WHICH OPERATION (C.)  AND THOUR OF WHICH OPERATION (C.)  (Hour) 21E. INJURY OCCURRED (Hour) 21E. INJURY OCCURRED (Work At Work At	20A. AUTOPSY? (Yes or No)   20B. IF YES, WE IN CERTIFYING YES   YeS   IN CERTIFYING YES   YeS   IN CERTIFYING YES   YeS   IN CERTIFYING YES   IN	3 years  RE FINDINGS CONSIDERED CAUSES OF DEATH?  more City, give exact locotion)  muary 12, 19 66  aplinian death accurred an the d  23B. DATE SIGNED  January 13, 196  Loch Raven Blvd.

Lange Company I to the second . T v ne b . . J . VI . . 

. J

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prior to death.

10	OOAI	0	BALTIMORE	CITY	HEAT	.1
30	0041	0	CERTIFI	CA	TE	(

TH DEPARTMENT

Registered	66	111	14	8
Kegistered	1400 7	-	1	

M.E. CASE NO.	CERTIFICA	ATE OF DEATH	Registered 110.22	3 3
NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
ROSE ANNA M. SOHN	so 11	/ -	13 66	17.000
PLACE OF DEATH IN BALTIMORE, MARYLAND	30 %	4. USUAL RESIDENCE (When	e deceased lived, If insti	tution: residence before admission
		A. STATE B. COUN	TY	10
FULL NAME OF (If not in hospital or institu	ution, give street	Md.		17-02
HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN (If out	side city limits, write RU	RAL ond give fownship)
		BALTO.		
FRANKLIN SQUARE	11	/- /	rurol, give location)	
TO SOUTE	HOSP			
		1718 W. F		
	RRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. , If Under 24 Hrs Norths Doys Hours Min.
F N	M	MARCH 25-1915		
A. USUAL OCCUPATION (Give kind of work 10B. KIN	ND OF BUSINESS OR INDUSTR		an country)	12, CITIZEN OF
ne during most of working life, even if retired)	. 11 -			WHAT COUNTRY?
LOMEMOKER W	HOME	05 -	S.CAKELINA	05
FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
r no c		100 -1	/	
FRANK 194595		MAMIEJAMI	V010	
Was Deceosed Ever in U. S. Anned Forces? s,no or unknown)(If yes, give wor or dates of ser	rvice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
U O	SECURITI NO.	SAMUEL JOHN	1700 131C	be for JETTE SA
		7	000 1/20	
18. 260 X	CAUSE	OF DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH	D	ABETES H Kimmelstel Wils	GLLITUS	
(This does not mean the made of dying,	e.g., DUE TO		***************************************	
heart foilure, osthenia, etc. It means the dis	sease, with	Kimmelstel - Wil	son	
injury or complication which caused death.)	12.1	UREMIA		
ANTECEDENT CAUSES	DUE TO			
DISEASES OR CONDITIONS, if any,	giving			
rise to the obove couse (A) stoting	) lhe (C)			
UNDERLYING CONDITION lost,				
OTHER SIGNIFICANT CONDITIONS CONTRIB	BUTING			
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	O THE			
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE FIN	IDINGS CONSIDERED
WAS PERFORMED			IN CERTIFYING CAUS	ES OF DEATH?
Q	1000			
OR CONTRIBUTING CAUSE OF	home, form, foctory, street,	office bldg., INJURY OCCUR?	(It in Baltimare C	City, give exact location)
DEATH (notify medical examiner)	etc.)			
21 D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJU	ILDY OCCUP?	
OF INJURY			DRT OCCUR:	
(APPROX.)	While At Not Wh	k		
22 1 (1) ( 1 1)			0	. />
22. I certify that (I) (this hospital) atten		/		an 13 19 66
that (I) (we) last saw the deceased alive	e an /23 - 13	19 <i>66</i> and the	at In(my) (aur) apinio	on death occurred an the da
and haur and fram the causes stated aba	rve. (I) (We) (did) (did not)			
23A. SIGNATURE	(1) (10) (010) (010 101)	view line bady affer dealift.		3B. DATE SIGNED
1		M		38. DATE SIGNED
Willredo h. hede	M.D. A		Staff Phys.	Jan. 13, 1866
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	9	111111
t a a a a .				
WILFREDO M. ME	DIANO M.D	REMATORY 24D. LC	QUARE HO	SP
A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF C	REMATORY 24D. LC	CATION (City,	town, or county) (State)
REMOVAL (Specify)				
570VAL 1/17/66		507	TAWVILLE	0,0
A. DATE REC'D BY HEALTH DEPT. 258. N.	AME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS

0 1966

25B. NAME OF

438NGILMOR 25C. FUNERAL DIRECTO

VS 150-REV. 1/1/65



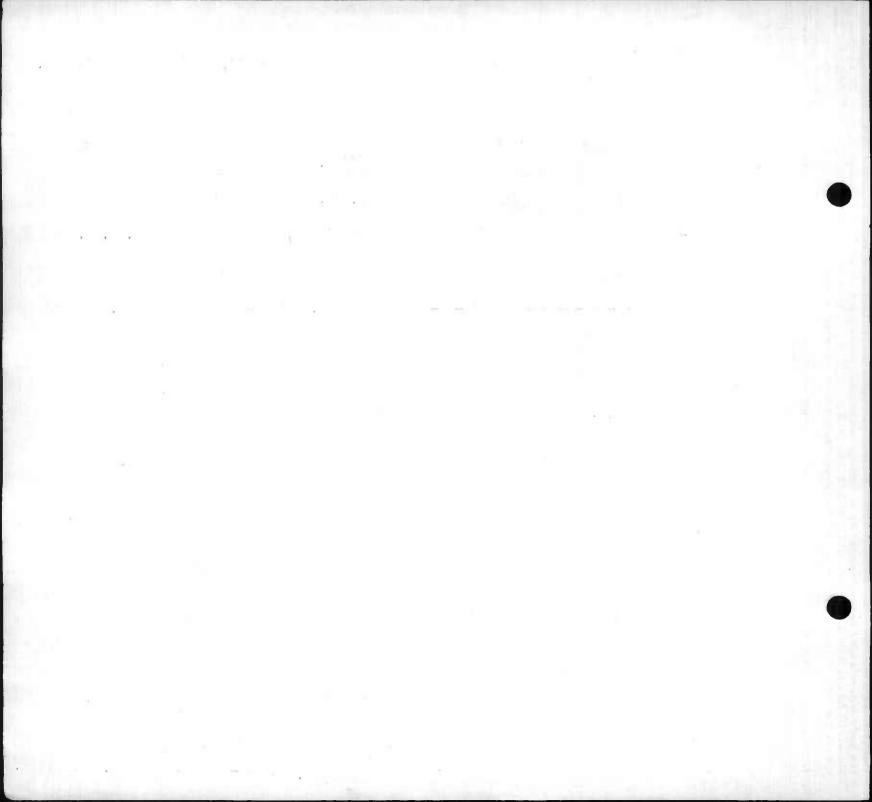
BIRTH NO.

VS 150-REV. 1/1/65

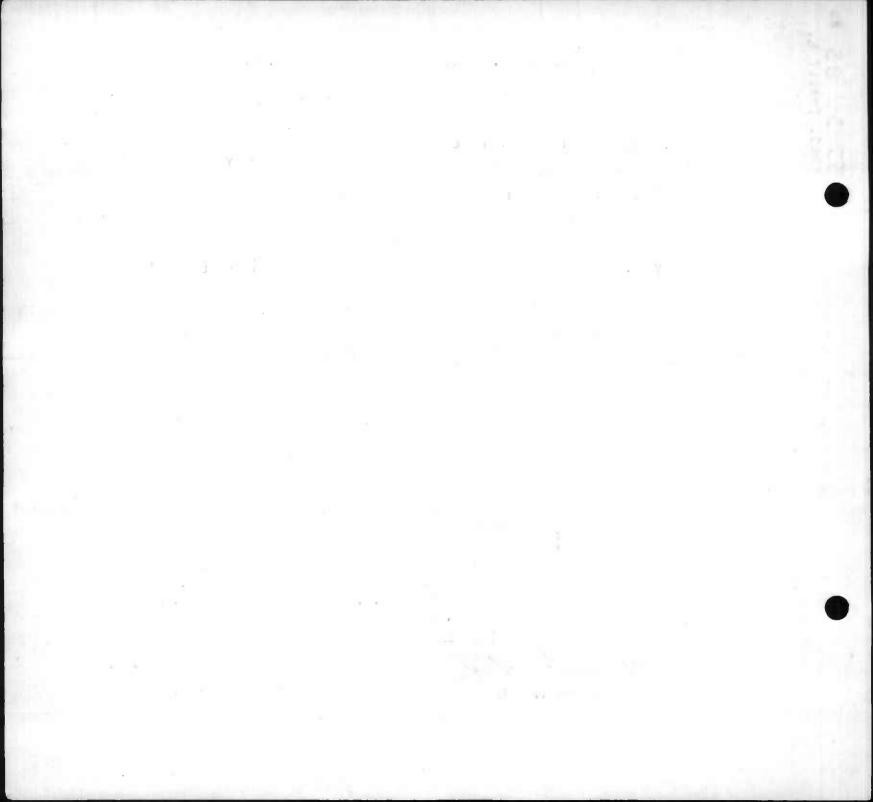
	ATE OF DEATH Registered No.	66 00419
E or VIOLA MABEL	PRICE January 14, 1966	1:00 a. M.
ND titution, give street	4. USUAL RESIDENCE (Where deceased lived, If institut A, STATE B, COUNTY  Mary Jand C. CITY OR TOWN (It outside city limits, write RURA	tion: residence before odmission)

M.E. CASE NO.  1. NAME OF DECE (Type or Print)		PTCF on	TOTA MADET I	ידי דמי		ND HOUR OF DEATH		1:00 a. M
	THE IN BALTIMORE, MA		· VIOLA MABEL I	4. USUAL RES	IDENCE (Wh	ere deceased lived. If		
				A. STATE	B. COU	NTY	-	200
FULL NAME O	F (If not in hospital oddress or tocotion	or institution,	give street	Mary La	and			7-07
INSTITUTION	oddless of locollot	17		C. CITY OR TO	DWN (It o	utside city fimits, write	RURAL ond give	township)
0 77		Baltin	nore:					
25 cm	urch Home: & H	ospital		D. STREET AD		rurol, give locotion)		
/						Street		
5. SEX	6. RACE	7. MARRIED,	NEVER MARRIED D. DIVORCED (specify)	B. DATE OF BI	RTH	9. AGE (In years lost birthday)	If Under 1 Yr. Months: Doys	If Under 24 Hrs. Hours Min.
Female	White	Wido		Dec. 22.	1901	a.		
IOA, USUAL OCCL	JPATION (Give kind of work	108. KIND O	BUSINESS OR INDUSTRY	Dec. 22.	E (State or for	eign country)	12. CITIZEN O	F
	working lile, even if retired)			- 714			WHAT CO	
Self-empl		Confec	tionery Store	Baltin	nore, Ma	aryland	U. S.	• A•
13. FATHER'S NAM	AE			14. MOTHER'S	MAIDEN NA	AME		
Togo	oh King			Anni	ie Grie	ei naer		
5. Was Deceased	Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMAN	IT GITTE	PTITECT	ADD	RESS
Yes, no or unknown	(It yes, give wor or dote	s of service)	SECURITY NO.					
No		Martin Carlos	217-38-5852	Joseph 1	Price	e - 3319 Fo	ster Ave.	#21224
18. 44. 0	0:11		CAUSE O	F DEATH			INTER	VAL BETWEEN T AND DEATH
DISEAS	SE OR CONDITION DI	RECTLY	C)		-0			I AND DEATH
	LEADING TO DEATH		(A) Co	rowery -	Them	boses		
	of meon the mode of		DUE TO	-		bosis dix Incular		
	asthenio, etc. It meons oplication which coused		'		1	1- //	A	
	ANTECEDENT CAUSES		(B)	to perlow	oug Cur	dix Muculas	Verend	
			DUE TO	/V			,	
	OR CONDITIONS, if abave couse (A)							
	G CONDITION last.	siding ine	(6)					
	11							
Z OTHER SIGNE	FICANT CONDITIONS C	ONTRIBUTIN	G					
P TO THE O	EATH BUT NOT RELA	ATED TO TH						
			WHICH OPERATION	20 A. AUTO	PSY? (Yes or N	lo) 20B. IF YES, WER	E FINDINGS CON	SIDERED
19A. DATE OF	WAS PER					IN CERTIFYING C	AUSES OF DEATH	H?
U 21A. ACCIDEN	NT WAS UNDERLYING	7 215	PLACE OF INTERVOOR	a at about 21 C	WHERE DID	(It in Boltim	ore City, give exor	ct tocotion)
OR CONTRIBU	JTING CAUSE OF	hor	B. PLACE OF INJURY (e.g., i ne, torm, foctory, street, o	ffice bldg., INJU	RY OCCUR?	111 111 2011111	ore only, give exp	or rocowon/
DEATH (notity	medical examiner	etc	•}					
D 21D. TIME	(Month) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21 F. (	HOW DID IN	JURY OCCUR?		
S OF INJURY			hile At Not Whil					
			ork	- P17 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12		-		
22. I certify	that (1) (this hospital	l) attended t	the deceased fram	Dec, 30	<b></b>	1965 to 16	~114,	19 6 6
that (i) (we)	last saw the decease	d alive an	fan. 12,	19 6	and t	hat in (my) (our) a	pinlan death ac	curred on the dat
			I) (We) (did) (did nat)					
23A. SIGNATU		2 4 5 4 7 6 7	-, () (aia) (aia iiai) (	The bady	Gilet dedill		23B. DATE SIG	NED :
\$ a a a a a a a a a a a a a a a a a a						Stoff	11	reller
An	drew Kus	1 150WS	/51 Phy	s	Oirector	Phys.	//	17/6/0
23 C. PHYSICIA NAME (T	N'S			230. ADDRESS				t
THE THE	Chuts.	Hunk	mate M.D.	252	9 5	etery Ad.	4 2,	7-24
24A. RIIRIAI CDE	MATION. 24B. DATE	24C N	AME of CEMETERY OF CR		240	LOCATION	(City, town, or cou	nty) / (State)
REMOVAL (		240.14	PARTY OF GENETICKE OF CR		240.	COUNTRY	, iown, or cou	1177
Burial	1/17/6	6 0	ak Lawn Cemete	agreen.	R	altimore.	Marvland	
25A. DATE REC'D	BY HEALTH DEPT.	25B. NAME	OF REGISTERAR	25C. FUNE	RALOHOTO	Ray ff. Sles	like A	DDRESS
JA	IN 14 1966 (1)	deal ?	TONOCH	Company	a A. We	- 705 S	. Ann St.	•
		N O	4-7-5	VIOLOTE G	A. WE	CCT		

George

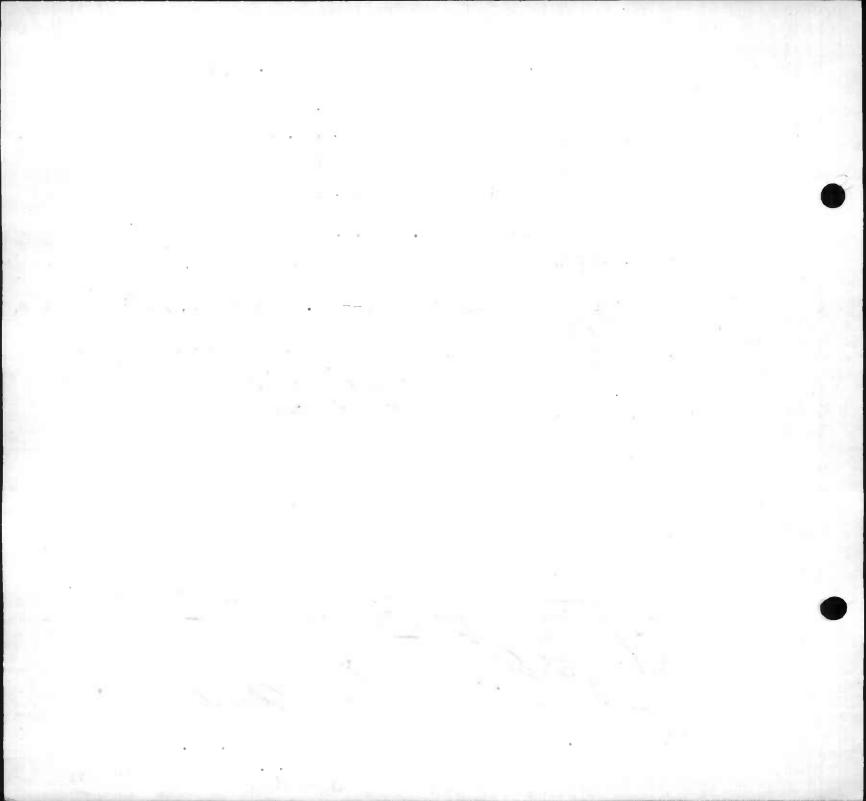


VS 150-REV. 1/1/65



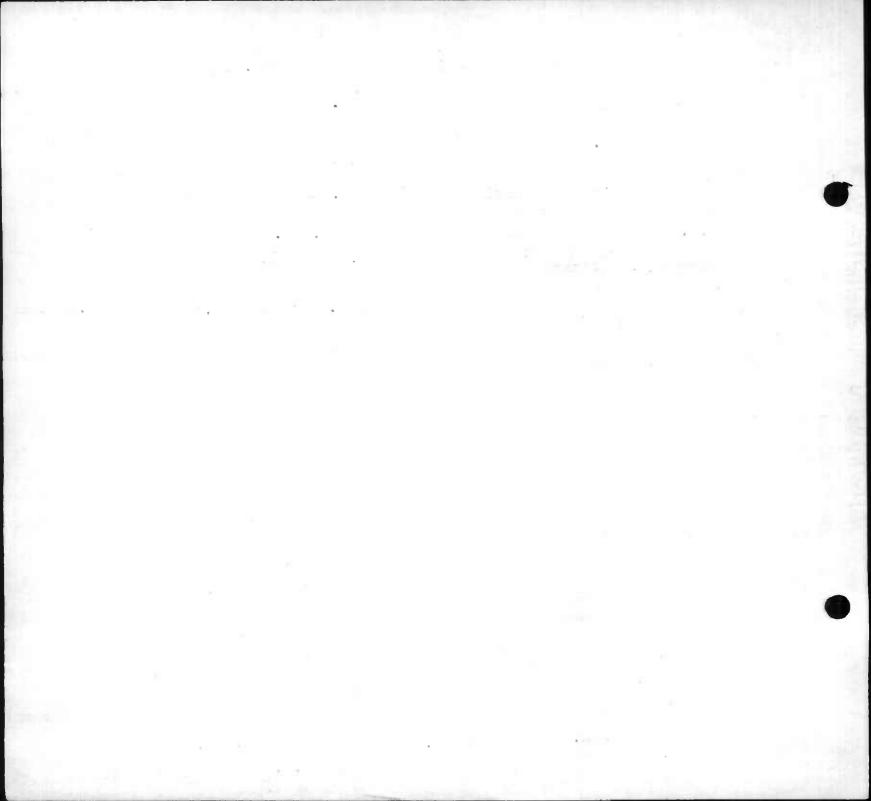
VS 150-REV. 1/1/65

		TI .		BALTIMORE CITY	HEALTH DEPARTMENT			
	H NO.	9 66 00	121	CERTIFICA	TE OF DEATH	Registered Na	66 00421	
1. N	AME OF DEC				2. DATE	AND HOUR OF DEATH	1	
	e or Print)			atson Sr	Jan	. 12/66	1130 P.M.	
3. P	LACE OF DE	ATH IN BALTIMORE	MARYLAND		A. STATE B. COL		stitutian: residence before odmissian)	
H	ULL NAME OF OSTITUTION	)F (If not in hos oddress or lo	pitol or instituti cotion)	on, give street	C. CITY OR TOWN (IF o	outside city limits, write	RURAL ond give township)	
7	4812	Frederic	k Rd		Balto. 29 D. STREET ADDRESS	If rural, give location)		
					4812 Fred	derick Rd		
5. SI	lale	6. RACE		HED, NEVER MARRIED WED, DIVORCED (specify)	8. DATE OF BIRTH Oct. 15/95	9. AGE (In years lost birthdoy) 70	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min,	
done		working life, even if ret	red)	of Business or Industry	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?	
	homas	W. Watso			14. MOTHERS MAIDEN N. Unknown	AME	ALE NO.	
5. V Yes	Vas Deceosed	Ever in U, S. Arme	d Forces? dotes of servi	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
ye		WW 1			AMrs. Dor	a Watson, 48	312 Frederick Rd	
-	184 9	0.11		CAUSE O			INTERVAL BETWEEN	
		SE OR CONDITION	DIRECTLY		,	0.	ONSET AND DEATH	
	2.02	LEADING TO DE		C	nonen arten pertenere & ar cardio Vase.	sellissus		
- {	(This does	nal mean the mad	e of dying,	e.g., DUE TO	1)			
		asthenia, etc. It m		ose,		1		
		nplicolian which ca		Her	flatenaine & ar	Krosaksotic		
- 1		ANTECEDENT CA	JSES	DUE TO	and the	Ninger o		
	DISEASES (	OR CONDITIONS,	if any, giv	ving	andro vase.	arsense -		
		e abave cause		the (C)		o=o+o+o+o=o=o=o=o=o=o=o=o=o=o=o=o=o=o=o		
	UNDERLYIN	G CONDITION las	•					
		- 11						
S O	OTHER SIGN	FICANT CONDITION	IS CONTRIBU	TING				
AT		CONDITION CAUS		THE				
RTIFIC/		OPERATION 198.		OR WHICH OPERATION	20A. AUTOPSY? (Yes or I	No. 208 IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?	
LEA L	21A. ACCIDE	NT WAS UNDERLYI	NG 🗆	21 B. PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If in Boltimore	City, give exoct locotion)	
CAL		UTING CAUSE OF medical examiner		home, form, foctory, street, of				
ED	21D. TIME OF INJURY	(Month) (Doy) (	(eor) (Hour)	21E. INJURY OCCURED 21F. HOW DID INJURY OCCUR?				
$\rightarrow$ 1	(APPROX.)			While At Not Whil	е			
-				Work At Work		- / / ^-		
				ed the deceased fram	1160-17	1969 10	m/2, 1966	
	that (1) (we)	last saw the dec	eased alive	on 2 cm 12	19 66 and	that In (my) (aux) api	nian death accurred an the date	
	and barre an		assessed alternative	e. (I) ( <del>We)</del> (dId) (d <del>id not</del> ) v	to a local or free local			
			Stated above	e. (1) ( <del>me)</del> (did) (d#=###) V	lew the bady after death	1.		
	23A. SIGNATI	29/	11	1	F 4	e: "	238. DATE SIGNED	
	X	fary o	(. /X/	M.D. Atte	ending Med. Director	Stoff Phys.	1-13-66	
	23C, PHYSICIA				23D. ADDRESS		1 8 14-	
	NAME (1	ppe /	1 XXII	00 , M.D.	4116 4	menden	the sullwork	
241	MH	KKT	1/1/1/		1110 100	1141000	mo md.	
24A.	REMOVAL		E 340	NAME OF CEMETERY OF CRI	MATORY 24D.	LOCATION (Ci	ty, town, or county) (Stote)	
bu	irial	Jan.	14/66	Loudon Park	D	alto. Md.		
		BY HEALTH DEPT.		AE QE REGISTRAR	25C FUNERAL DIRECTO		ADDRESS	
	JAN	1 4 1966 (	0 Fr 9	fr. ama		. 4101 Edm		
		2 1 1000 VI	octavo c	ACTION IN	0000	TWILL	mason Ave	



Such &

RTH NO. 66 00422 CERT  LE CASE NO.  NAME OF DECEASED  Appe of Print)  Florence Maliszewski  FLACE OF DEATH IN BALTIMORE, MARYLAND  FULL NAME OF (If not in hospitol or institution, give street)	TIFICATE OF DEATH  Registered No. 66 00422
LE CASE NO.  NAME OF DECEASED  PLACE OF DEATH IN BALTIMORE, MARYLAND  PLACE OF DEATH IN BALTIMORE, MARYLAND	
PLACE OF DEATH IN BALTIMORE, MARYLAND	
PLACE OF DEATH IN BALTIMORE, MARYLAND	Jan. 12/66
FULL NAME OF (If not in hospital or institution, give street	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission
FULL NAME OF (If not in hospital or institution, give street	A, STATE 8. COUNTY
HOSPITAL OR address or lacotion)	C. CITY OR TOWN (If autside city limits, write RURAL and give tawnship)
INSTITUTION	Baltimore
816 Kevin Rd.	D. STREET ADDRESS ((If rural, give facotion)
4)	816 Kevin Rd
SEX   6. RACE   7. MARRIED, NEVER MARRI	RIED 8. DATE OF BIRTH 9. AGE (In years   If Under 1 Yr. If Under 24 Hr
Female White Married	(specify) Nov. 2/11   last birthday 54   Manths Days Haurs Min.
A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR	R INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?
H. W. Own Home	Balto. Md. Usa
	14. MOTHERS MAIDEN NAME
FATHERS NAME rank LaMartina	Mary Giglio
. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
es, na ar unknown) (If yes, give war ar dates of service) SECURITY	
In the second se	John H. Maliszewski, 816 Kevin Rd. 29 20
400.	CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Par alle
(A)	A) Coronau
heart foilure, asthenia, etc. It means the disease,	
injury or complication which caused deoth.)	
ANTECEDENT CAUSES (8)	DUE TO
DISEASES OR CONDITIONS, if any, giving tise to the obove couse (A) stoting the (C	
UNDERLYING CONDITION last.	
11	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERAT	ATION 20A. AUTOPSY? (Yes at No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJ	AJURY (e.g., in ar about 21 C. WHERE DID (If in Baltimare City, give exact lacation) ty, street, affice bldg, INJURY OCCUR?
DEATH (natify medical examiner) etc.)	
21D. TIME (Manth) (Day) (Year) (Haur) 21E. INJURY OCCU	CURRED 21F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) While At	Not While
Work	At Work
22. I certify that (I) (this hospital) attended the deceased	1966 and that in(my) (con) opinion death accurred on the de
22. I certify that (I) (this hospital) attended the deceased that (I) (we) last saw the deceased alive an	
22. I certify that (I) (this hospital) attended the deceased	
22. I certify that (I) (this hospital) attended the deceased that (I) (we) last saw the deceased alive an and haur and fram the causes stated above. (I) (We) (did) (this hospital)	(didwot) view the bady after death.  238. DATE SIGNED  M.D. Attending Med. Staff
22. I certify that (I) (this hospital) attended the deceased that (I) (we) last saw the deceased alive an and haur and fram the causes stated above. (I) (#4) (did) (123A. SIGNATURE	(didwot) view the bady after death.  M.D. Attending Med. Director Phys.   1/14/66
22. I certify that (I) (this hospital) attended the deceased that (I) (we) last saw the deceased alive an and haur and fram the causes stated above. (I) (We) (did) (1) 23A. SIGNATURE	M.D. Attending Med. Staff Phys. 23B. DATE SIGNED
22. I certify that (I) (this hospital) attended the deceased that (I) (we) last saw the deceased alive an and haur and fram the causes stated above. (I) (We) (did) (1) 23A. SIGNATURE	(didwot) view the bady after death.  M.D. Attending Med. Director Phys.   1/14/66
22. I certify that (I) (this hospital) attended the deceased that (I) (we) last saw the deceased alive an and haur and fram the causes stated above. (I) (We) (did) (1) 23A. SIGNATURE  23C. PHYSICIANS NAME (Type)  3. BURIAL CREMATION, 124B. DATE 124C. NAME of CEMET	(didnot) view the bady after death.  M.D. Attending Med. Staff Phys.   23B. DATE SIGNED   1/4/66    7 M.D. 23D. ADDRESS   BANK 574 - Ballener, 4
22. I certify that (I) (this hospital) attended the deceased that (I) (we) last saw the deceased alive an and haur and fram the causes stated above. (I) (Me) (did) (123A. SIGNATURE  23C. PHYSICIANS NAME (Type)  1A. BURIAL CREMATION, 248. DATE  REMOVAL (Specify)  24C. NAME of CEMET	(did wot) view the bady after death.  M.D. Attending Med. Director Phys.   23B. DATE SIGNED   1/4/66   23D. ADDRESS   1/4/66   23D. ADDRESS   24D. LOCATION   (City, tawn, of caunty)   (State)
22. I certify that (I) (this hospital) attended the deceased that (I) (we) last saw the deceased alive an and haur and fram the causes stated above. (I) (Me) (did) (1) 23A. SIGNATURE  23C. PHYSICIANS NAME (Type)  23C. PHYSICIANS NAME (Type)  24C. NAME of CEMET REMOVAL (Specify)	(did wot) view the bady after death.  M.D. Attending Med. Director Phys.   23B. DATE SIGNED
22. I certify that (I) (this hospital) attended the deceased that (I) (we) last saw the deceased alive an and haur and fram the causes stated abave. (I) (We) (did) (1) 23A. SIGNATURE  23C.PHYSICIANS NAME (Type)  3. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMET REMOVAL (Specify) 24C. NAME of CEMET 24C. NAME of CEMET 24C. NAME of CEMET	M.D. Attending Med. Director Phys. 23B. DATE SIGNED  (City, town, of county)  (State)  Phys. 23B. DATE SIGNED  (City, town, of county)  (State)



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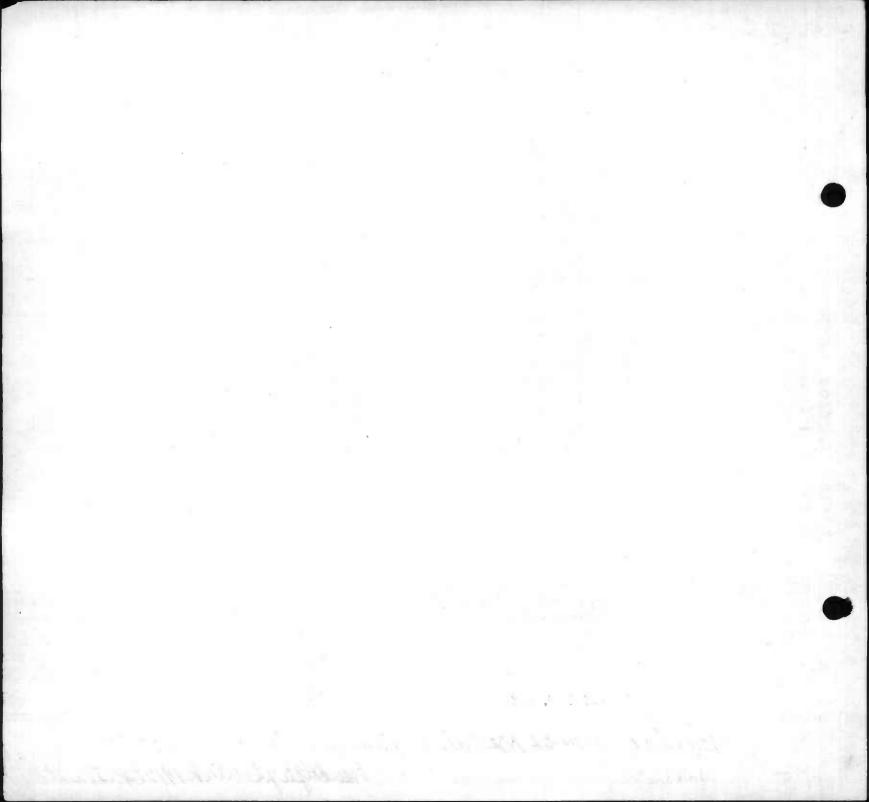
BIRTH NO.  MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH Registered No. 66 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
1. NAME OF DECEASED B.	2. DATE AND HOUR PRONOUNCED DEAD
(Type or Print) HAROLD SICKS	January 12, 1966 12:35 A _M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
	A. STATE Maryland B. COUNTY 25-31
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN (If autside corporate limits, write RURAL and give township)
INSTITUTION	Baltimore 29
gg St. Agnes Hospital DOA	D. STREET ADDRESS (If rurol, give locotion) 502 S. Chapelgate Lane
5. SEX   6. RACE   7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   If Under 1 Yr. If Under 24 Hrs.
male white Married	Feb. 12.1906 S9 Manths Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR' dogg during most of working lite, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Manager Edmondale Apts.	
13. FATHER'S NAME	Indiana 14. MOTHER'S MAIDEN NAME USA
Late John Dicks	late Melissa
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no arunknawn) (If yes, give war ar dates of service) SECURITY NO.	Lane, 29 zone
325 ol 9431	Mrs. Margaret Sicks, 502 S. Chapelgate
IB. 44 X	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
	osclerotic and hypertensive cardiovascular
(This does not mean the mode of dying e.g., heat failure, asthenia, etc. It means the discose, injury or complication which caused death.)	isease
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes at No.) 20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
21 A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21 B. PLACE OF INJURY (e.g., home, farm, foctory, street, etc.)	in or about 21C. WHERE DID (If in Boltimore City, give exact lacation)
[ 21D TIME (Month) (Day) (Teat) (Haut) [216. INJURT OCCURRED	21 F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.)  WHILE AT NOT WORK AT W	WHILE ORK
22. I certify that I held on Inquiry Inspection X Au	opsy ond that on this basis, death in my opinion
resulted from: Natural couses X Accident Suicid	e Homicide Undetermined monner
P1/2	CHIEF MEDICAL EXAMINER
SIGNATURE MEDITAL MAN M.D	ASSISTANT MEDICAL EXAMINER 🗵
EXAMINER'S NAME (Type) Rudiger Breitenecker, M.D.	ASSOCIATE MEDICAL EXAMINER 1-12-66
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY C	or CREMATORY 23D. LOCATION (City, tawn, or caunty) (State)
T 4 =   /	netery Tehenen Tali
	netery Lebanon, Indianaess
JAN 14 1966 Robert E, taken	Witzke F.D. 4101 Edmondson Ave
VS 151-REV- 1/1/65	

TRANSPORT TRANSPORT --- asdrion pini the contract the light services the contract the washing and the contract of th ANTHORESISTED TO LEGISLES OF THE STATE OF

14,1966

66	00424	
		_

	737 1	MACATI	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH	NO.	10424	CERTIFICA	TE OF DEATH	Registered Na.	6 00424
1.NA	CASE NO. ME OF DECEASED or Print)	Same	ov l	. 1/10/	HOUR OF DEATH	12:35-12, M
3. PL	ACE OF DEATH IN BALTIMORE, MAI	RYLAND	wes so	4. USUAL RESIDENCE (Where of A. STATE B. COUNTY		titution: residence before admission)
HC	LL NAME OF (If not in hospital of SPITAL OR oddress or location STITUTION	or institution,	give street	C. CITY OR TOWN (If outside	e city limits, write RI	JRAL and give town(ship)
71	Monte bello State	Hospe	lot	D. STREET ADDRESS (If ruro	l, give location)	
11				43 E. Hugg	res St.	
5. SE)	nale negro	WIDOWE	NEVER MARRIED D. DIVORCED (specify)	8. DATE OF BIRTH 9.	AGE (In years birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
	SUAL OCCUPATION (Give kind of work luring most of working life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	. '	12. CITIZEN OF WHAT COUNTRY?
13 E/	THERS NAME			14. MOTHER'S MAIDEN NAME	ica	15001.
131 7	Isace Watson	,		Nennie Cov	lev	
15. W	as Deceased Ever in U. S. Armed Fore a arunknown) (If yes, give wor ar date	ces?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
(103)	no	0. 30.000	224-10-554	Horpelet Reco	1ds/	
1	3.162.1		CAUSE O			INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIR	ECTLY	B.	mchagener Clar	renama	
	This does not mean the mode of teart failure, asthenia, etc. 11 means			nchogenes Con	2- 2-0	
	njury ar camplication which caused		C	The mings	= Melasto	reso
	ANTECEDENT CAUSES		(8) DUE TO	In Dualent	**************************************	
	DISEASES OR CONDITIONS, if					
	se to the above cause (A) JNDERLYING CONDITION last.	stating The	(C)			
7	11					
ATIO	OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING I	TED TO TH	(E			
CERTIFICATION	PA. DATE OF OPERATION 198. CON WAS PERF		WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	N CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
_	A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF EATH (notify medical examiner)	21 B hon etc.	ne, form, foctory, street, o	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
VED!	TD. TIME (Month) (Doy) (Year) F INJURY APPROX.)	Wh	INJURY OCCURRED		Y OCCUR?	
		Wo			1/	10/6/
	2. I certify that (1) (this hospital		he deceased from	/ ./	ta	0,66
	hot (I) (we) last saw the decease		/ /		in (my) (aur) apin	ian death accurred on the date
	nd haur and fram the causes stat 3A. SIGNATURE	ed above. (	1)'(We) (did) (did not)	view the bady atter deoth.		23B. DATE SIGNED
	Daniel S	P. Fai	M.D. Att	ending Med. Sto	off ys.	1/10/66
2	C.PHYSICIAN'S NAME (Type)		•	23 D. ADDRESS	9 7	11
	Daniel G	Lai	M.D.	220/ argonne	dere, be	allemere, Box.
24A.	BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. N	AME of CEMETERY OF CR	EMATORY 24D. LOC	ATION (City	y, tawn, or caunty) (State)
F	11812/ 1-14-6	LWY	(alvary)	PMETERN PAIN	e Ann. N.	10/Cm
25A.	DATE REC'D BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	250 JUNEPAL DIRECTOR	2 00' 0	ADDRESS



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VS 150-REV. 1/1/65

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BALTIMORE CITY HEALTH DEPARTMENT 66 001425 Registered No. 66 11 BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED (Type or Print) HARRY DRIVER 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY MARYLAND FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) (If outside city limits, write RURAL and give township) INSTITUTION ST. AGNES HOSPITAL 2950 Arunah Ave. 5. SEX 8. DATE OF BIRTH 9. AGE (In years If Under 24 Hrs. Hours Min. 6. RACE 7. MARRIED, NEVER MARRIED If Under 1 Yr. Months Doys Hours WIDOWED DIVORCED (specify) MALE NEGRO 10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF done during most of working life, even if retired) WHAT COUNTRY? NEWS AMERICAN BALTO 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME CARRIE WILSON WILLIAM CATON AVENUE SODRESS 5. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL Yes, no or unknown) (II yes, give wor or dates of service) SECURITY NO. HOSPITAL RECORDS. WILKENS CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stoling the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Baltimore City, give exact location) DEATH (notify medical examiner) (Month) (Doy) (Year) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While While At (APPROX.) At Work DECEMBER 22. I certify that () (this hospital) attended the deceased from.... 19 66 that & (we) last saw the deceased alive on JANUARY ....and that in (my) (aur) apinion death occurred on the date 10

and hour and from the couses stated above. (1X(We) (did) (did nx) view the body after deoth. 23A. SIGNATURI 23B. DATE SIGNED Med. Director 23D. ADDRESS 23C. PHYSICIAN'S NAME (Type) RALPH UPDIKE CATON AND WILKENS AVE, BALTIMORE MD 24C. NAME OF CEMETERY OF CREMATORY 24A. BURIAL CREMATION, 24B. DATE 24D. LOCATION (City, town, or county) REMOVAL (Specify)
Burial Jan. 15/66 Mt. Auburn Cem. Balto. Md . 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTO ADDRESS

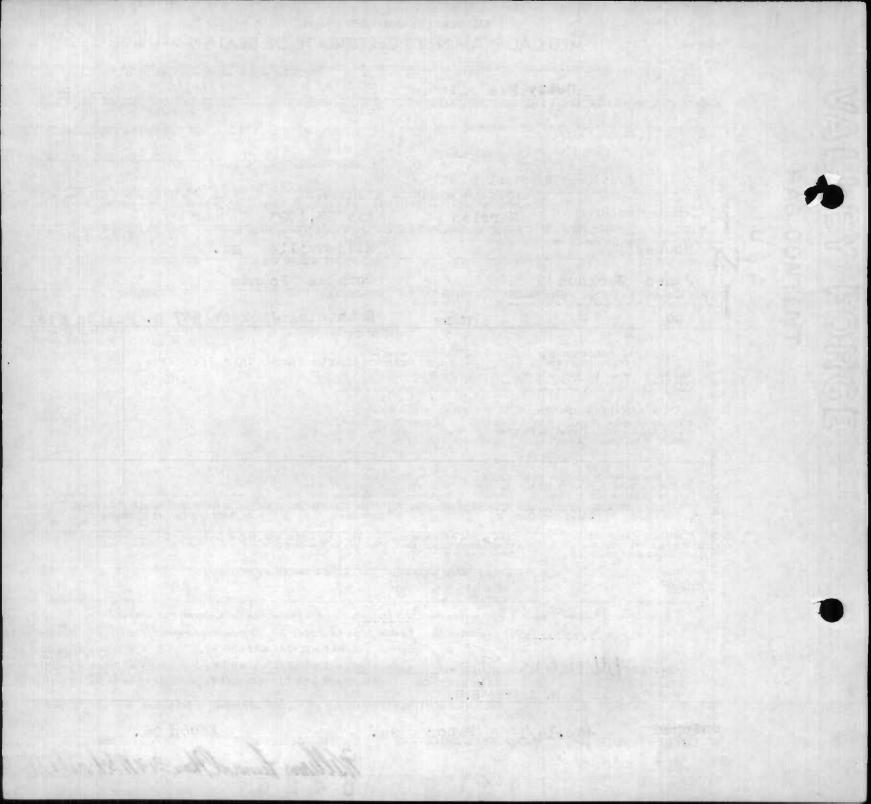
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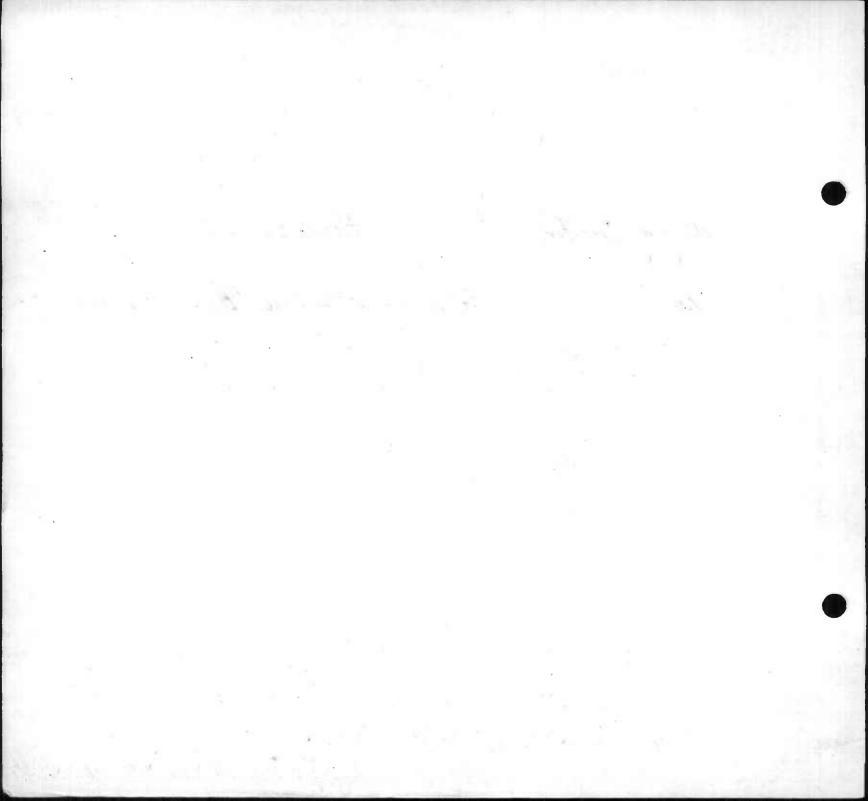
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	66	00426		BALTIMORE CITY HEAL	TH DEPARTMENT		66 00426
BIRTH NO			CAL EX	AMINER'S CE	ERTIFICATE OF	DEATH Registe	red No.
M.E. CAS	E NO.						
1. NAME (Type or P	OF DEC			140 24-24	2. DATE AN	D HOUR PRONOUNCE	
				McFadden		1/11/66	6:30 a. M
3. PLACE	IN BALT	IMORE, MARYLAND, W	HERE PRONOU	INCED DEAD	4. USUAL RESIDENCE (Where	deceosed lived. If insti	tution: residence before odmission
FULL NA	MEOF	(IF NOT IN HOSPITA	AL OR INSTITU	TON, GIVE STREET	Maryland C. CITY OR TOWN (If outside		PILPAL and give township)
HOSPITAL	ON	ADDRESS OR LOCA	(IION)				10.01
20					Baltim D. STREET ADDRESS (If ruro)		17-01
137		Provident H	ospital				
5. SEX	_	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	ruce St.	If Under 1 Yr, If Under 24 Hr
fer	male	colored		DIVORCED(specify)	Mo v 27 1027	42	Months Doys Hours Min.
IOA, USUA	L OCCL	JPATION (Give kind of work			May 23, 1923	in country)	12. CITIZEN OF
done during	most of v	vorking life, even if retired) Wife			Milledville	Ga.	WHAT COUNTRY?
13. FATHE					14. MOTHER'S MAIDEN NAM		
Ja	ames	Jackson			Doralee Pour	nd s	
15. WAS D	DECEASE	D EVER IN U.S. ARMED		16. SO CIAL	17. INFORMANT		ADDRESS
	unknown) <b>NO</b>	(If yes, give wor or dote	s of service)	SECURITY NO.	Netheniel To	alraan #47	N En 14 on 6-
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	HX	0(, / 1		CAUSE	OF DEATH		ONSET AND DEATH
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(Thi	is does n	ot mean the mode of osthenio, etc. It means	dying, e.g.,	DUE TO		••••••	
inju	ry or cor	nplication which coused	de oth.)				
	A	NTECENDENT CAUSE	S	(8)			
		OR CONDITIONS, IF A		DUE TO			·····
UN	DERLYIN	IG CONDITION LAST.		(C)			
<u>6</u> —		11		(0/	-	·····	
		VIFICANT CONDITIONS					
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Q 21A, UNDE	RLYING [	OR CONTRIB-	21 B.	PLACE OF INJURY (e.g., i	n or obout 21C. WHERE DID ffice bldg, INJURY OCCUR?	(If in Boltimore City, give	ve exoct locotion)
ONED E	CAU	SE OF DEATH.	etc.)				
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22.	1.2.						
1 certify that I held on Inquiry Inspection Autopsy and that on this bosis, death in my opinion resulted from: Notural courses Accident Suicide Homicide Undetermined monner							
	resul	ted from: Notural car	uses A	ccident Suicide		Undetermined monne	or
	CTUAL	11016.	. 6	51-1-	CHIEF MEDICAL EX		DATE SIGNED
S	IGNAT	URE WWW	N. (	M.D.	ASSISTANT MEDICAL EX		1/11/66
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REMOVA		)					
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JA	IN 14	1966 P.O.	St 2 36	Burton.	THERENS YES	nesal/time	319/1/ Schrocoles
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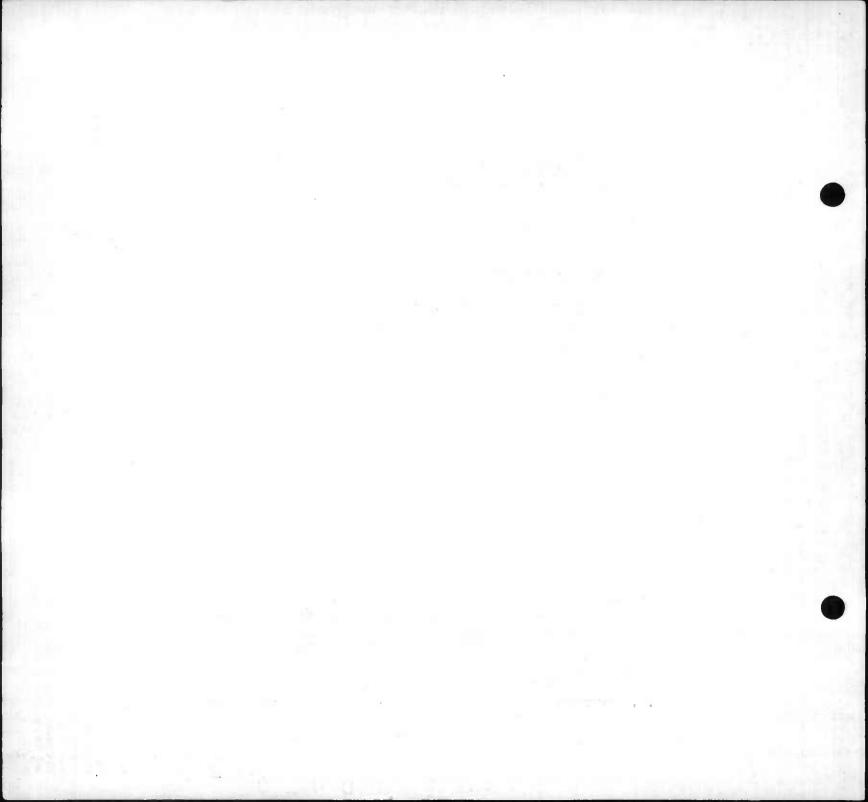


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MALE NEGRO WIODWED DIVORCED (specify)  IDA RRIED  IDA ARRIED  IDA IDA IDA IDA  IDA IDA  IDA IDA  IDA IDA  IDA	5. S	EX 6. RACE 7. MARRI	ED, NEVER MARRIED		9. AGE (In years	If Under 1 Yr If Under 24 Hrs.
13. SUNAL OCCUPATON (Give kind of work) IDB. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)    12. CHIZEN OF WHAT COUNTRY		MALE NEGRO MAR	WED, DIVORCED (specify)	4-5-06	lost birthdoy)	Months Doys Hours Min.
13. FATHER'S NAME  WILLIE CHANDLER  15. Was Deceased Eve in U. S. Armed Forces of Service of Vies, no or unknown of the year, give wor or dotes of service of Vies, no or unknown of the year, give wor or dotes of service of Vies, no or unknown of Vies, or unknown of Vies			OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
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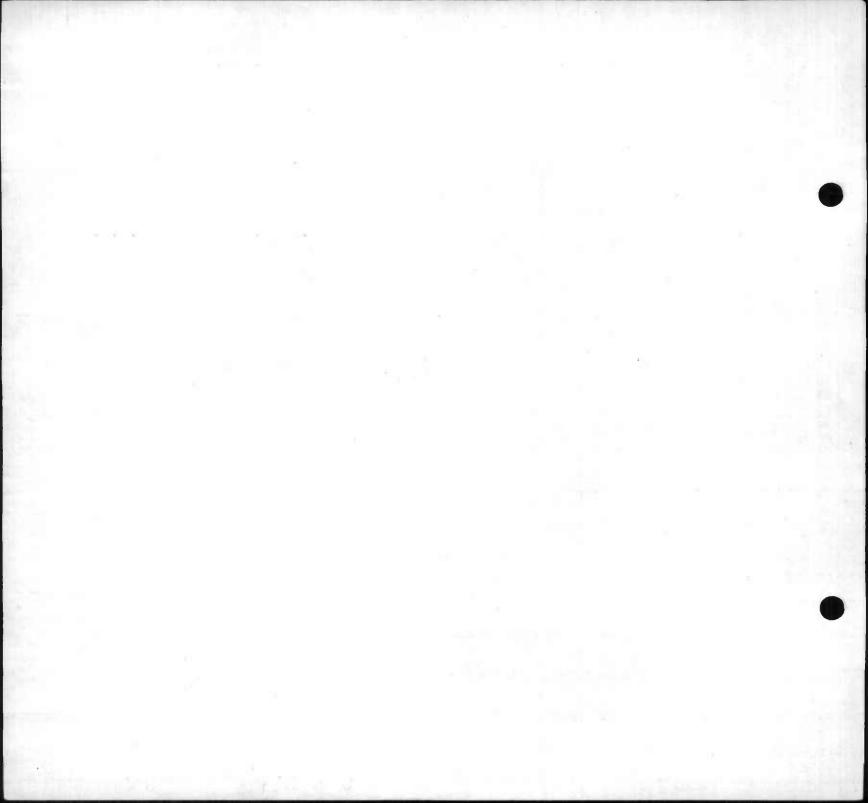


BALTIMORE	CITY	HEALTH	DEPART	MENT
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BIRTH NO. M.E. CASE NO.  G6 00428 CERTIF	FICATE OF DEATH Registered No. 45 01428
I. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where decessed lived, If institution; residence before odmission)
FULL NAME OF (If not in hospital or institution, give street oddross or location)	A. STATE B. COUNTY  A P y A N A.  C. CITY OR TOWN (If outside city limits, write RURAL and give township)
INSTITUTION	Baltimore # 2/230.
6 +1 R 1/2 m = Can = 2 - 1 1/2	D. STREET ADDRESS (If rurol, give locotion)
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	8. DATE OF 81RTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs. Months; Doys Hours; Min.
Mappied	(Sty) 2-28-9Z lost birthdoy Months Doys Hours Min.
done during most of working life, even if retired)	Baltimore, Md. 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
LEWIS Knopp.	Augusta Garles
15. Was Deceased Ever in U. S. Armed Forces?   16. SOCIAL (Yes, no or unknown) (If yes, give wer or dates of foovice)   SECURITY NO	17. INFORMANT ADDRESS
NO - 215-01-	3165 Mrs. Lenz A. Knopp 1411 Cooksiz St.
DISEASE OR CONDITION DIRECTLY	USE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	ASCVO
(This does not meon the mode of dying, e.g., DUE heart foilure, asthenia, etc. II means the disease,	TO
injury or complication which coused death.)  ANTECEDENT CAUSES (8)	Preumonia.
DISEASES OR CONDITIONS, if ony, giving	10
rise to the obove couse (A) stoting the (C) UNDERLYING CONDITION lost.	
II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  1798. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING   1218. PLACE OF INJUR	
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	Y (e.g., in or about 21 C. WHERE DID (If in Soltimore City, give axact location)
OR CONTRIBUTING CAUSE OF homo, form, foctory, st	troet, office bldg., INJURY OCCUR?
OF INJURY (Month) (Doy) (Yoor) (Hour) 21E INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?
∠ (APPROX)  While At  N	ot While twork
22. I certify that (this hospital) attended the deceased from	
that (b) lost saw the deceased alive on /-/ Z	(-), (-), (-), (-), (-), (-), (-), (-),
and hour and from the causes stated above. (1) (We) (did) (did	
23A. SIGNATURE, J. Offangrave M.	Phys. Diroctor Phys. 1 /-/2-66.
23C. PHYSICIANS NAME (Typo)	23D. ADDRESS
H.J. Hargrave  24A. SURIAL CREMATION,  248. DATE   24C. NAME of CEMETERY	M.D. South Baltimore General Hospital
PEACOVAL (Specify)	Total total
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	11 Cenetery Baltimore, Md,
JAN 1 4 1966 COLOR STANDARD TO PROSTRAN	250 FUNERAL/DIRECTOR, STEVENS Funer LADRESONE, IN. 1501 E. FETT AVE.
VS 150-REV. 1/1/65	200428



	00 00400		BALTIMORE CITY	Y HEALTH DEPARTMENT		CC 00490
BIRTH NO.	66 00429		CERTIFICA	TE OF DEATH	Registered No	66 00429
A.E. CASE N .NAME OF Type or Print)		Thomas			ND HOUR OF DEAT	
PLACE OF	DEATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (WHA, STATE B, COU	ere deceosed lived. II	institution; residence before admission)
FULL NAM HOSPITAL	OR oddress or location		give street	Maryland		e RURAL ond give fownship)
	27 E. Pratt St	treet		Baltimore D. STREET ADDRESS (1) 3427 L. Pr	frurol, give locotion)	t
SEX	6. RACE	7. MARRIED.	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	
Fem.	White		D, DIVORCED (specify)	4/29/1888	lost birthdoyi	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
one during mo	OCCUPATION (Give kind of work ost of working life, even if retired)	10B, KIND OF	BUSINESS OR INDUSTRY	11, BIRTHPLACE (Stote or for		12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S	)Me	-	тоше	Balto., Md		U. D. A.
	gust Denz			Frances So		
Yes, no or unk	ased Ever in U. S. Armed Formown) (If yes, give wor or dote	ces? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	11	ADDRESS
no			216-32-265	Mr James T	nomas	Same INTERVAL BETWEEN
(This do heart fail injury ar	SEASE OR CONDITION DIR LEADING TO DEATH LEADING TO DEATH LEADING TO DEATH lure, asthenia, etc., II means complication which caused ANTECEDENT CAUSES SOR CONDITIONS, if the above cause (A) YING CONDITION lost.	dying, e.g., the disease, death.)	(B)	dominal carri		
TO TH	SIGNIFICANT CONDITIONS C E DEATH BUT NOT RELA OR CONDITION CAUSING I E OF OPERATION 19B. CON	TED TO TH		120 A AUTOBEV2 (Vo. co. h	No. 208 IE vee men	RE FINDINGS CONSIDERED
19A. DAT	WAS PERI		WHICH OPERATION	Zur	IN CERTIFYING	CAUSES OF DEATH?
OR CON	CIDENT WAS UNDERLYING TRIBUTING CAUSE OF	21 B hom etc.	ne, form, loctory, street, o	in or about 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltim	note City, give exact location)
21D. TIM OF INJUI	RY		ile At Not Whi		IJURY OCCUR?	
	rtify that (1) (this haspital			1966 and		pinion deoth occurred on the dat
ond hou	r ond fram the causes stot	red above. (	I) (We <del>) (did</del> ) (did nat)	view the body after deoth	is .	23B. DATE SIGNED
	John ;	1 Mars	M.D. At	med. Director	Stoll Phys.	1-14-66
23C. PHY	SICIAN'S AE (Type) JOHN J.	Govi	M.D.	14 77 East	and 21	1021/
	CREMATION, 24B. DATE	24C. N.	AME of CEMETERY of CR	75 75 75 75 75	LOCATION	(City, town, or county) (Stote)
Buri		6 Hol	V Redeemer		Baltimore	
25A, DATE R	1 A 1000 A 0	25B. NAME	Change of 45	Joseph M	1 7 Zannie	ADDRESS
VS 150-REV.	1/1/65	T P STOP	algerian ()	Joseph A.	Manife IIO	263 S. Conkling



VS 150-REV. 1/1/65

	65-66986430	BALTIMORE CITY	HEALTH DEPARTMENT	66 00430
BH	RTH NO. 66 00430	CERTIFICA	TE OF DEATH Re	gistered No.
	.E. CASE NO. NAME OF DECEASED		2. DATE AND HO	UR OF DEATH
(T ₂	ype or Print) Johnson C	Minia	1/10/66	4 15 0
3.	PLACE OF DEATH IN BALTIMORE, MAR	YLAND	A. STATE B. COUNTY	osed lived. If institution: residence before admission)
	FULL NAME OF (If net in hespitol e HOSPITAL OR eddress or locotien)	r institution, give street	C. CITY OR TOWN (If outside ci	ty limits, write RURAL and give township)
		DI I Too	Balto	
14	Sinai Hospitan o	F Balto, Inc.	HOOT Belvier	ve location)  Ave.
5.	SEX 1 6. RACE Negro	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) New Married	8. DATE OF BIRTH 9. AGE lost bir	(In yeors If Under 1 Yr. If Under 24 Hrs. Menths; Deys Hours Min.
	A. USUAL OCCUPATION (Give kind of work) ne during most of working life, even it retired)	108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign cau	ntry) 12. CITIZEN OF WHAT COUNTRY?
	INFANT		Balto. Md	USA
13	FATHERS NAME		14. MOTHER'S MAIDEN NAME	
	William John	son	Olivia VVETO	745
15.	Was Deceased Ever in U. S. Armed Ferces, no er unknown) (If yes, give war er dates	of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	<b>№</b>	SECORIT NO.	WM S. Johnson	1 4007 Belvieu Ave
	1B. 9 4 XI	CAUSE O	FDEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRE	ECTLY \$\frac{\pi}{\pi}\ \frac{\pi}{\pi} \ \frac{\pi}{\pi} \pi \ \frac{\pi}{\pi} \frac{\pi}{\pi} \ \fra		
	(This does not mean the made of	dying, e.g., S \ SUE TO	ac arust duing l	suntar puncture
	heart foilure, osthenia, etc. It means to injury or complication which coused to			a me home
	ANTECEDENT CAUSES		y cardiac arrest	dung
	DISEASES OR CONDITIONS, if a rise to the obove cause (A)		Ju.	mon puncture
	UNDERLYING CONDITION last.	O / F.	##### v vu ## vv #v 4 0 00 v 4 4 4 000 00 00 00 00 00 00 00 00 00 00	
	II -	\$ 10 2		
ATION	DISEASE OR CONDITION CAUSING IT.			
ENTIFIC	19A. DATE OF OPERATION 19B. COND WAS PERFO	on but Runchure	20A. AUTOPSY? (Yes er Ne) 20B. IN C	IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH?
AL CE	OR CONTRIBUTING CAUSE OF	21 B PLACE OF INJURY (e.g., ir home, form, foctory, street, of etc.)	or obout 21 C. WHERE DID fice bldg. INJURY OCCUR?	(If in Bottimore City, give exect lecetion)
0.00	21D. TIME (Menth) (Dev) (Year)	(Heur) 21E INJURY OCCURRED	21F. HOW DID INJURY O	CCUP? Coopelal &
×	(APPROX)	White At Not While At Work		7.
	22. I certify that (1) (this hospital)	0 / 4/1	1/5/ 106	to misjachrenure
	that (\$\mathbb{F}(we) last saw the deceased	/ /		(aur) apinion death accurred on the date
	and haur and from the causes state	ed abave. (\$ (We) (did) ( <del>did not).</del> v		
	23A. SIGNATURE			23 B. DAJE SIGNED
	Sidney Saidma		minding Med. Stoff Phys. [	1/10/66
	23C. PHYSICIANS NAME (Type)		23D. ADDRESS	01
		M.D.	Unai Hosp, of	Delao.
24	A. BURIAL CREMATION, 24B. DATE  REMOVAL (Specify)  1/13/6	24C. NAME OF CEMETERY OF CRE MH. Colvary	1	Arundel Cty., M.d.
25		25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
	JAN 1 4 1966 (	P. P. IT E. January	W/M MARCE	4 928 E North Are

MARCH

		(0	Gud.	BALTIMORE CITY			ASTIVISA O I
	H NO.	60	(11)2	CERTIFICA	TE OF DEAT	H Registered Na.	· · · · · · · · · · · · · · · · · · ·
1.1	L CASE NO.		~			E AND HOUR OF DEATH	
	pe or Print)	heodore		arr, Sr.	J	an 12, 196	6 11135 A M. titution: residence before admission)
3.	PLACE OF DEA	ATH IN BALTIMORE, MAR	YLAND		4. USUAL RESIDENCE I	Where deceased lived. If ins OUNTY	titution: residence before odmission)
	FULL NAME O			give street	Maryla	nd	9-03
	NSTITUTION	oddress or location	)		C. CITY OF TOWN	If outside city limits, write R	URAL ond give township)
5	a 1	1 4	L	1-11	D. STREET ADDRESS	(If rural, give lacation)	
	Ch	urch Hom	< 0 /	lospilal	3302	A 1	meda 18
5. :				NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
	M	Cau		DIVORCED (specify)	June 26, 190	Land binds I	Months Doys Hours Min.
162	USUAL OCCI	JPATION (Give kind of wark	108, KIND O	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of		12. CITIZEN OF
don	e during most of	working life over if riched)	CHOR	ni tal	Maryl	. 1	WHAT COUNTRY?
13.	FATHERS NAM	Managerer	O +P Hg	(	14. MOTHER'S MAIDEN		037
	0		M				1 00
1.0	4			rr, Jr.	Verdy	< tracken	
(Ye	s, no or unknown	Ever in U. S. Armed Force	es: of service)	SECURITY NO.		n 11.	113 o Wayon er Dr Wilmington, Del.
	No	None		215-09-2491	lamela	Bankoski	Wilmington, Del.
	18. 261	0 X I		CAUSE O	FDEATH		ONSET AND DEATH
	DISEAS	SE OR CONDITION DIR	ECTLY	1	Muss a di	. / . / 7	
	(This does n	at mean the made of	dying, e.g.,	DUE TO	MYDEAR 41	AL INTARET	ON CAYS
	heart failure,	asthenia, etc. It means	the disease,				
		ANTECEDENT CAUSES	000111.7	(B) AR	ERIOSCLER	OTIC HEART	ZEARS
		OR CONDITIONS, if a	ny aivina	DUE TO D.	SEASE		1
	rise to the	e abave cause (A)		(c) Di	GETES ME	LLITUS	YEARS
	UNDERLYING	G CONDITION last,					/
z	OTHER SICAL	FICANT CONDITIONS CO	ONTRIBUTIN	G			
ATION	TO THE D	EATH BUT NOT RELA	TED TO TH				
	19A. DATE OF	OPERATION 198. CONE	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes	or No) 20B. IF YES, WERE F	INDINGS CONSIDERED
ERTIFIC	0	WAS PERF	ORMED			IN CERTIFYING CAU	ISES OF DEATH?
S	21A. ACCIDE	NT WAS UNDERLYING THE	218	PLACE OF INJURY (e.g., i	fice bldg. INJURY OCCU	D (II in Baltimore	City, give exact location)
AL		medical examiner	etc.		ince biog., more occo		
EDIC	21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW DIE	INJURY OCCUR?	
ξ	(APPROX.)		WH	ile At Nat While	е		
	22 1	41-4 /1\ /451- 5:4-1\			~ //	1966 to	12 1966
	i			he deceased fram		2/	
		last saw the decease		120			ian death accurred an the date
			ed abave. (	(did nat)	iew the body after de	ath.	
	23A. SIGNATU	One Da	mayo,	M.D. AH	ending Med.	Stoff T	23B. DATE SIGNED
				Phy	s, Director	Phys.	1 2000
		10.00			23D. ADDRESS		11
	23 C. PHYSICIA NAME (T	NNS ypel	Ne	1309	Chinash	21 Storme of	(Frata)
	23C. PHYSICIA NAME (T	Jel D. 2.  Jel Jai's	Ma	1309 M.D.	Chen	26 Horne of	Colores
24,	NAME (T	MATION 248. DATE		M.D.	Chun	D. LOCATION (Cit	y, town, or county) (Stote)
24	NAME (T	MATION 24B. DATE	24C.N	AME OF CEMETERY OF CR	Change 24		
	A. BURIAL CRE REMOVAL (	MATION 24B. DATE	24C. N	M.D.	Change 24	Woodlawn, Manyl	
	A. BURIAL CRE REMOVAL (	MATION 24B. DATE Specify) 1/15/19	24C. N	AME OF CEMETERY OF CRI	Cheve MATORY 24	Woodlawn, Manyl	

The Congruence of the form A LINE LONG Brigamin F Mary . Kendya 3 Sec. 21 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 19 and have to got

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1. NA (Type

(4) Undetermined cause; (5) Deceased

contributing cause

occurred

death

BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO.

ERTIFICAT	E OF	DEATH	Registere
		DATE AND	HOUR OF F

D. STREET ADDRESS

Registered	No. cur		400
Registered	(31)	UU	: 33

CASE NO.		
ME OF DECEASED		2. DATE AND HOUR OF DEA
or Print)	STEVEN MANUEL	1-12-66

SIEVEN PIANUEL	1-13-66	100	H	į
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceosed lived, II institution: residence A, STATE B, COUNTY	before	odmissio	
	1 444 5341 4416	100	1	

MARYLAND FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give lownship BALTIMORE

JHE JOHNS HOPKINS HOSPITAL

1515 CHARLOTTE AVE B. DATE OF BIRTH 9. AGE (In years If Under 24 Hrs.

(If rural, give location)

. MARRIED, NEVER MARRIED If Under 1 Yr. 5. SEX 6. RACE Hours WIDOWED, DIVORCED (specily) lost birthdoy) NEVER MARRIED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF

WHAT COUNTRY? done during most of working life, even if retired)

None Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME

CLARENCE MANUEL ZETA RICHARDSON 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT ADDRESS 6. SOCIAL

(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. No None Mr. Clarence Manuel same address as above

CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Cystic Fibrosis LEADING TO DEATH (This does not mean the mode of dying, e.g., hearl foilure, osthenio, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No)

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 1-10-66 Respiratory obstruction

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, lorm, loctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) DEATH (notify medical examiner) etc.)

MEDICAL (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR?

OF INJURY Not While While At (APPROX.) At Work

12/26 19 65 22. I certify that (1) (this haspital) attended the deceased fram_____ 1-13 that (1) (we) last saw the deceased alive an 1-13-19 66 ....and that in(my) (aur) apinian death accurred an the date

and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death.

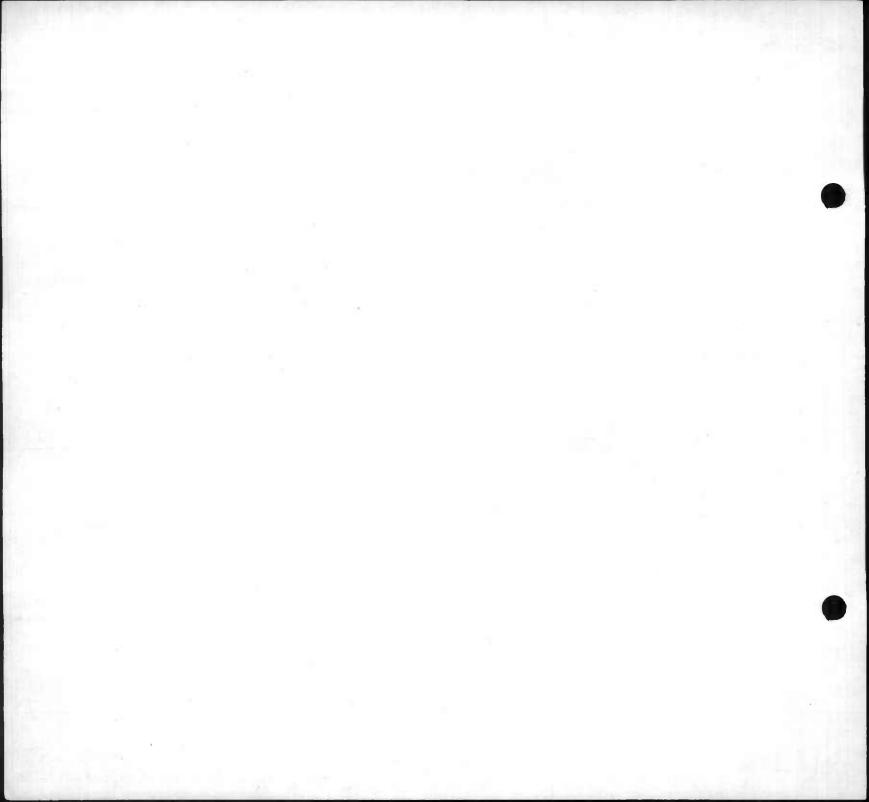
23A. SIGNATURE 23B. DATE SIGNED Attending Phys. Med.

23C. PHYSICIAN'S 23D. ADDRESS

Johns Hopkins

24A, BURIAL CREMATION, 24B. 24C. NAME of CEMETERY OF CREMATORY REMOVAL (Specify)

Removal Ebenszer Cemetery Bloomfield. Va. 258, NAME OF REGISTRAR 25A, DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR



MEDICAL

VS 150-REV.

IMPORTANT

FUNERAL DIRECTOR:

Such

and

BALTIMORE CIT	Y HEALTH DEPARTMENT
BIRTH NO. M.E. CASE NO.  66 00433 CERTIFICA	ATE OF DEATH Registered No. 66 00433
NAME OF DECEASED (Type or Print) Christine Lewin	2. DATE AND HOUR OF DEATH  Sep. 13,1966 9-30A.M.
FULL NAME OF HOSPITAL OR Oddress or locotion)  10 1 2605 Spaulding Avenue Baltimore, Maryland 21215	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland C. CITY OR TOWN (If outside city limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rural, give location) 3605 Spaulding Ave. 15
5. SEX Female  6. RACE White  7. Married, Never Married Widowed, Divorced (specify) Widowed	B. DATE OF BIRTH 9. AGE (In years lift Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
tOA. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR' dane during most of working lite, even if retired)  Housewife	Y 11. BIRTHPLACE (State or foreign country)  Scotland  12. CITIZEN OF WHAT COUNTRY?  U. S. A.
John Burnett	14. MOTHER'S MAIDEN NAME Margaret Hay
15. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) (If yes, give war or dates of service)  None  None	17. INFORMANT 3605 Spaulding Ave. Mrs. Ernest Walther Baltimore, Md. 15
18. 33/X 1 CAUSE (	of DEATH  OF DEATH  OVERAL BETWEEN ONSET AND DEATH  OVERAL ACTION OF THE SERVER OF THE

ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, to the obove couse (A) stoting the UNDERLYING CONDITION lost CERTIFICATION

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION 20 A. AUTOPSY? (Yes or No) WAS PERFORMED

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID home, farm, foctory, street, office bldg., INJURY OCCUR? (If in Baltimare City, give exact location)

DEATH (natify medical examiner) etc.)

21F. HOW DID INJURY OCCUR?

21 D. TIME OF INJURY 21E, INJURY OCCURRED (Month) (Day) While At

Not White Work At Work

(APPROX.) 22. I certify that (I) (this haspitel) oftended the deceased from

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and hour and from t	he couses stoted obove. (I) (We)	(did) (did not) view the	body ofter deoth.	
23A. SIGNATURE	11()1			23B. DATE SIGNED

Director

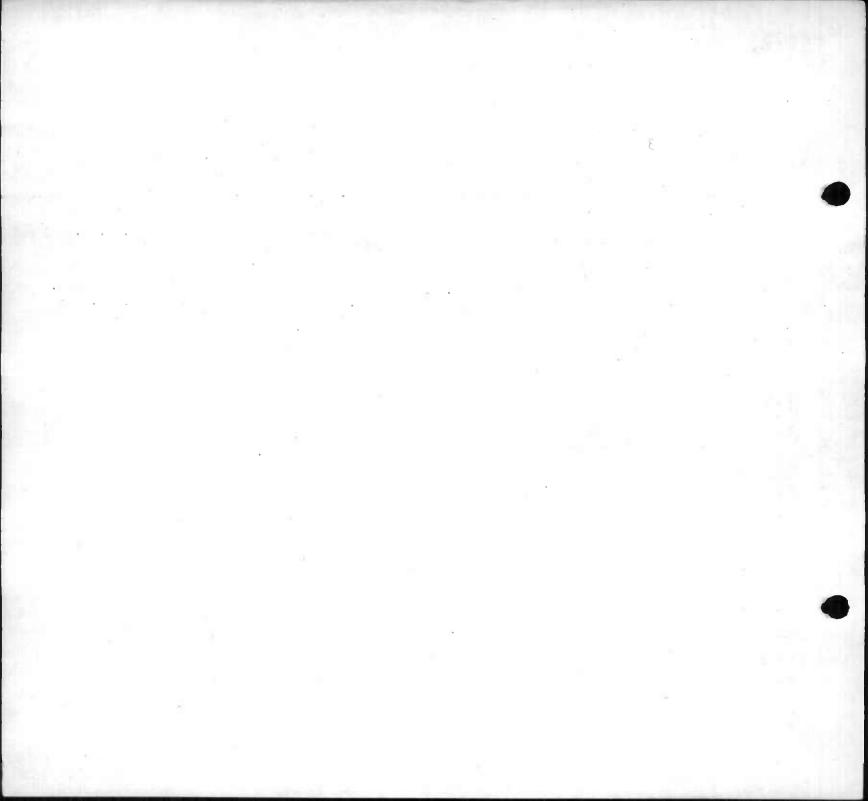
23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify) 24C. NAME of CEMETERY of CREMATORY

24D. LOCATION

/15/1966 Burial Loudon Park Ceme tery 258. NAME OF REGISTRAR

Baltimore Maryland 25C. FUNERAL DIRECTOR



65 6043	1	BALTIMORE CITY HEAL	TH DEPARTMEN	T	SF	104	34	
BIRTH NO.	MEDICAL EX	CAMINER'S C	ERTIFICAT	E OF D	EATH Register	red No	COT	
M.E. CASE NO.								
1. NAME OF DECEASED				2. DATE AND	HOUR PRONOUNCE	D DEAD		
	MARTIN M.	SUSNOWITZ		1-9-		1	4:30 P	M.
CERTIFICA	HOSPITAL OR INSTITE	IENDED	Maryland	i	eceosed lived. Il insti B. COU	NIT		
	R LOCATION)	10-19-57	C. CITY OR TOW	N (If outside	corporate limits, write	RURAL ond	give township	)
		20-27-01	Baltimor		77	-0	2	
312 CAMDEN S	STREET		D. STREET ADDR	ESS (If rurol, g	ive location)			
Z			312 Camo	len Stre	et (Rooseve			
5. SEX 6. RACE		NEVER MARRIED DIVORCED (specify)	8. DATE OF SIRTH		9. AGE (In years lost birthdoy)	Months D	Yr. If Under 2	24 Hrs. Min.
Male White	Separ	ated	June 11,	1913	52			
IOA. USUAL OCCUPATION (Give kir done during most of working life, even if		BUSINESS OR INDUSTRY	11. BIRTHPLACE	state or foreign	country)	12. CITIZEN WHAT	COUNTRY?	
Bartender			Maryland	113		U.S		
13. FATHER'S NAME		N = CALL	14. MOTHER'S MA	IDEN NAME				
Michael Susnow	Ltz		Bert	ha Leono	wich			
(Yes, no or unknown), (If yes, give wo		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS	nice on	+h - D
Yes WWII			Bertha St	usnowitz	, Rt.2, Box	116. M	nre on	шер
18.		CAUSE	OF DEATH		,	- 1	NTERVAL BETY	
DISEASE OF CONDIT	ION DIRECTLY					9	ONSET AND D	EATH
LEADING TO	DEATH	(A) Rhe	eumatic he	art dise	ease			
(This does not meon the re-	It meons the diseose,	DUE TO						
injury or complication which	coused death.)					100		
ANTECENDENT	CAUSES	(B)						
RISE TO THE ABOVE CAUS	S, IF ANY, GIVING	DUE TO		,	88###### 000 # 0 # B 0 0 0 # 0 0 0 0 F 0 0 0 0 F 0 0 0 0 F 0 0 0 0			F
UNDERLYING CONDITION		4.00				263		
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		(C)		***************************************				
OTHER SIGNIFICANT CONE TO THE DEATH BUT I DISEASE OR CONDITION O						938		
DISEASE OR CONDITION C	AUSING IT.							
19A. DATE OF OPERATION IS	AS PERFORMED	WHICH OPERATION	20A. AUTOPSY?		B. IF YES, WERE FIN			
	1		Yes		Yes			
O UNDERLYING OR CONTRIB-	21 B. home	PLACE OF INJURY (e.g., , form, loctory, street, o	office bldg., INJURY	OCCUR?	in Boltimore City, giv	e exoct loc	otion)	
UTING CAUSE OF DEATH.	etc.)		24 3 5 5					
21D TIME (Month) (Doy	Yeor) (Hour) 2	TE. INJURY OCCURRED	21F. HO	W DID INJUR	Y O CCUR?			
(APPROX.)	m. V	VHILE AT NOT	WHILE ORK					
22.								
I certify that I held					basis, deoth in m			
resulted fram: Nati	ural couses X A	ccident Suicid			determined manne	r		
ACTUAL A	12/10			EDICAL EXA			DATE SIGN	IED
SIGNATURE	1 80 mile	ev M.D.	ASSISTANT ME	DICAL EXA	MINER			
	USSELL S. FI	ISHER, M.D.	ASSOCIATE MI	EDICAL EXA	MINER		1-10-66	;
23A. BURIAL CREMATION, 23B. (REMOVAL (Specily)	DATE 23	C. NAME OF CEMETERY O	CREMATORY	23 D. LO	CATION (City,	town, or co	unty) (St	ote)
	13,1966	Baltimore Nat	tional Cem.	Ba	ltimore, M	d.		
24A. DATE REC'D BY HEALTH DE	PT. 248, NAME	OF REGISTRAR	24C. FUNERA		32		DRESS	
JAN 1 4 1966 02	lab E, sta	The same of the sa	George	J. Gono	e 4001 Rite	chie H	gwy.,Bal	Ltimo
VS 151-REV. 1/1/65	1 9 6	000		17 6				1.50

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BALTIMORE CITY HEALTH DEPARTMENT Registered No.66 00435 RIPTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 3. PLACE OF DEATH IN BALTIMORE 4. USUAL RESIDENCE (Where decepsed lived. If institution: residence before admission) A. STATE B. COUNTY FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) (If outside city limits, write RURAL and give township INSTITUTION D. STREET AOORESS (If rurol, /give tocotion) If Under 24 Hrs. 5. SEX 6. RACE MARRIED, NEVER MARRIED B. OATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Ooys Hours WIDOWED, DIVORCED (specify) lost birthday 10A. USUAL OCCUPATION (Give kind of work 108, KINO OF BUSINESS OR INDUSTRY done during most of working life area if artifact) BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) PRODUCTION MANAGER CHESTER MFG BALTIMORE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JACOB FINKELSTEIN SARAH BAIMEL 15. Was Occased Ever in U. S. Armed Forces?
(Yes, no or unknown) (If yes, give wor or dotes of service) 17. INFORMANT ADDRESS 6. SOCIAL SECURITY NO. 214-01-6517 SADYE FINKELSTEIN CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving the obove couse (A) stoting the UNDERLYING CONDITION lost. Ш CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 208 IF YES, WERE FINDINGS CONSIDERED, 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or Mo) WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Baltimore City, give exact location) ICAL DEATH (notify medical examiner) etc.) MEDI 21 D. TIME 21E. INJURY OCCURRED (Month) (Doy) (Year) (Hour) 21 F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) Work 22. I certify that (I) (this hospital) attended the deceased from.... 12/21/65 1965 10

1966

that (1) (we) lost sow the deceased alive on. ... and that in (my)) (our) opinion death occurred on the date and hour ond fram the causes stated above. (I) (We) (did) (dld not) view the body ofter deoth. 23 B. DATE SIGNED

23A. SIGNATURE Attending Phys. Stoff M.D. Med. Oirector Phys.

23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) CORMAN

SINAI HOSPITAL M. O.

24C, NAME of CEMETERY of CREMATORY MARYLAND LODGE 1/12/66

24D. LOCATION (City, town, or county) ROSEDALEIMARYLAND

25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR

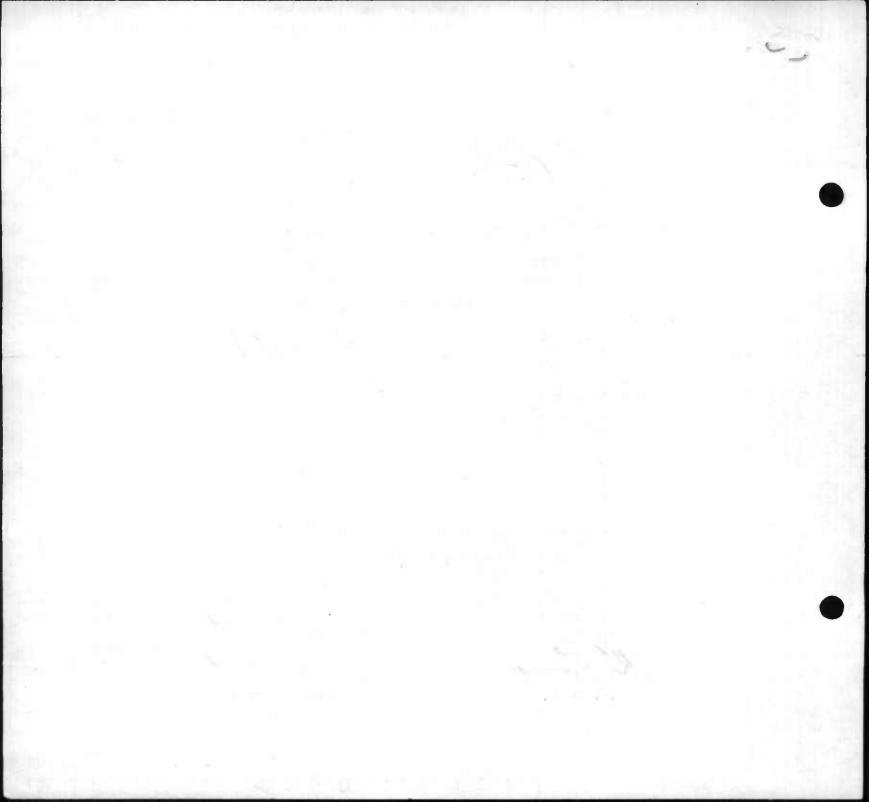
24A. BURIAL CREMATION, 24B. DATE

REMOVAL (Specify)

BURIAL

NSON & BROS. INC. 6010

VS 150-REV. 1/1/65



	66 004	36 BALTIMO	ORE CITY	HEALTH DEPARTMENT	)	ce novase
BIRTH NO. M.E. CASE NO.	(11)	CERTI	IFICA 1	TE OF DEATH	Registered Na.	66 00436
I NAME OF DECEASE	AUID M.	COHEN			11-66	0.10.0
3. PLACE OF DEATH I				4. USUAL RESIDENCE (Where	/ .	institutions residence before admission
				A. STATE B. COUN	TY	B. Ets
FULL NAME OF HOSPITAL OR INSTITUTION	(If nat in haspital ar address at lacation)	institution, give street		C. CITY OR TOWN (If out	side city limits, write	RURAL ond give township)
	wich 1	arm + arp		Balto.		52-00
25					urol, give lacation)	
2				- 1//	roke our	-c. 4
MAG 6. RA	Tau	, MARRIED, NEVER MARRIE WIDOWED, DIVORCED (sp W/DOWEL)	pecify)		ost birthday)	If Under 1 Yr. If Under 24 H Manths Days Haurs Min.
		OB. KIND OF BUSINESS OR II		1. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF
lane during most of workin  Dresse		SHAD		RUSSIA		WHAT COUNTRY?
3. FATHER'S NAME		THOP	1	4. MOTHER'S MAIDEN NAM	A E	0.47
Jacob	Col	len		Sarah	Pal+mo	an
5. Was Deceased Ever Yes, no or unknown) (If y	in U. S. Armed Farce	s? 1 6. SOCIAL SECURITY N		7. INFORMANT		ADDRESS
no		J.Comiti		MRS. ESTHER BRO	TMAN 2505	APACHE CIRCLE
18.420.	01	C	CAUSE OF			INTERVAL BETWEEN
	CONDITION DIRE	CTLY				ONSET AND DEATH
	DING TO DEATH	(A)_	CA IE TO	rdiad an	rest	m' mutes
UNDERLYING CO	ove couse (A) s NDITION last.			***************************************		
TO THE DEATH	BUT NOT RELATEDITION CAUSING IT.					
19A. DATE OF OPEN		TION FOR WHICH OPERATION	ION	20A. AUTOPSY? (Yes ar Na)	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING	CAUSE OF	21 B. PLACE OF INJU home, form, factory, etc.)	URY (e.g., in street, offi	ar about 21 C. WHERE DID ce bldg., INJURY OCCUR?	(If in Baltima	re City, give exact facation)
W OF INITION	nth) (Day) (Year)	(Hour) 21E INJURY OCCUI	RRED	2) F. HOW DID INJU	JRY OCCUR?	
(APPROX)		While At	Nat While At Wark			
22. I certify that	(I) (this hospital)	attended the deceased fr		1-9	966 to	1-11-19-66
	saw the deceased	1 11		/ / /		inian death accurred an the d
	n the causes state	d abave. (1) (4) (did) (d	lid nat) vid	ew the bady after death.		
23A. SIGNATURE	sé p. m	wais grown	M.D. Atten	ding Med.	Stoff D	23B. DATE SIGNED
23C. PHYSICIAN'S NAME (Type)	José !	S. Massag	Phys.	Director Director Olive Ob	Hone o	1 13000
4A. BURIAL CREMATI	ON, 248, DATE	24C. NAME of CEMETE		MATORY 24D. LC	CATION (C	City, tawn, or caunty) (State)
REMOVAL (Specify						
BURIAL SA. DATE REC'D BY H		CHIZUK AMUN	VU (AR	LINGTON)	SALITMUKE	, MARYLAND ADDRESS
JAN 1 4 196		2 . Z. O		SOL LEVINSON	& BROS. THE	.6010 REISTERSTOWN
'S 150-REV. 1/1/65	Class El	C. VICTARION C.		0 0 3 6		TOTO KEISTEKSTOWN

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BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO. CERTIFICATE OF DEATH Registered No. M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution: residence belate admission B. COUNTY A. STATE (If not in haspital at institution, give street FULL NAME OF HOSPITAL OR oddress at lacotion) CITY OR TOWN Alf outside city limits, write RURAL and give township INSTITUTION unde (If rural, give location) D. STREET ADDRESS 6. RACE MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Manths: Doys Haurs Min. B. DATE OF BIRTH WIDOWED, DIVORCED (specify) last birthday) 1HRRIES 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign caunity) 12. CITIZEN OF WHAT COUNTRY? dane during mast of warking life, even if retired) HOUSEWIFE BALTIMORE, MARYLAND AT HOME USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ISAAC LUCHINSKY ESTHER FEINSTEIN 15, Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT 1 6. SOCIAL ADDRESS (Yes, na or unknown) (If yes, give was ar dates of service) SECURITY NO. MR. RALPH HYMAN 3909 SEVEN MILE LANE NO 18, CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This daes not mean the made of dying, e.g., heart failure, asthenio, etc. It means the disease, injury or complication which coused deoth.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, il ony, giving rise to the obove cause (A) stoting the UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes of Not) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in ar obout 21C. WHERE DID home, farm, factory, street, office bldg., INJURY OCCUR? (If in Baltimore City, give exact location) MEDICAL DEATH (natify medical examiner) etc.) 21 D. TIME OF INJURY (Month) (Day) (Year) (Hour) 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While White At (APPROX.) Wark At Wark 22. I certify that (I) (this hospital) attended the deceased from that (1) (we) lost sow the deceased alive on...... 19. .....and that in (my) (aur) opinion death occurred an the date and hour and from the causes stated abave. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23 B. DATE SIGNED Attending Staff M.D. Med. written approval Phys. Director ___ Phys. 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS CORMAN G. SINAI HOSPITAL M.D

24A. BURIAL CREMATION, 24B. DATE

24C. NAME of CEMETERY OF CREMATORY

HEBREW FRIENSHIP

24D. LOCATION

(City, town, or county)

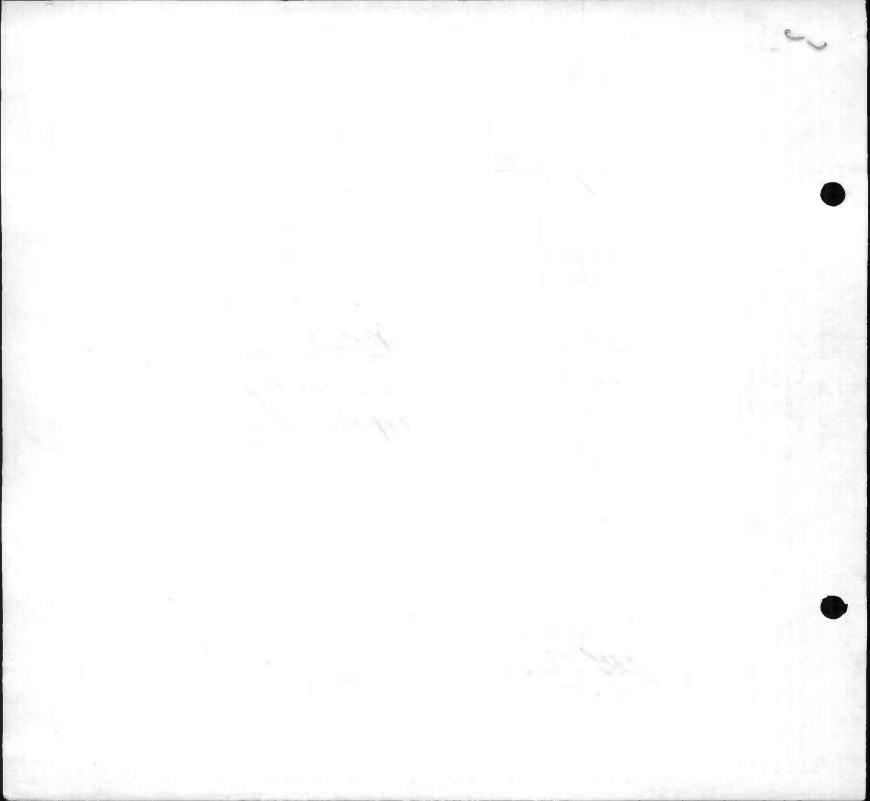
BALTIMORE. MARYLAND

1/12/66

25B. NAME OF REGISTRAR

SOL LEVINSON, & ADDRESS BROS. INC. 6010 REISTERSTOWN RD

VS 150-REV. 1/1/65



shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approach must be obtained before the communication of the contraction of the contractio the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital

BALTIMORE CITY HEALTH DEPARTMENT

Registered	No.	00	004	20
		1 1 1 1	(11/20)	100

BIRTH NO.	66 00	438	CERTIFICA	ATE OF DEATH	Registered No.	66 00438	
N.E. CASE NO.	EASED				D HOUR OF DEATH		
Type or Print)	SSIF GOLDIN	4-A/ B		JANI	11/60	635	1.
PLACE OF DEA	SSIE GOLDM.	RYLAND	•	4. USUAL RESIDENCE (Where	e deceased lived. If in	stitution: residence before adm	issian
				A. STATE B. COUNT	TY O	-11	
FULL NAME O		ar institution, give	street	MARYCAND	011		
HOSPITAL OR	addiess ai lacation	1)		C. CITY OR TOWN (If outs	side city limits, write I	(URAL and give tawnship)	111
FORM	1111 cm 110			BALTIMORE			
1 / CATUR	LIN SQ HO.	SP		D. STREET ADDRESS (If I	ural, give lacation)		
2/2				5034 CHA	LGROVE	RD 15	
SEX	6. RACE	7. MARRIED, NE		O CATE OF BIRTH	105.0	If Under 1 Yr. , If Under 2	
Frank	1171 7	WIDOWED, DI	VORCED (specify)	12-13-07	ast hirthday)	Manths Days Haus	Min,
A HELLA	18 A TION (Give hind of week	100 VIND OF BUILD	LED INDUSTRI	11. BIRTHPLACE (State at fareig		12. CITIZEN OF	
	working life, even if retired)	IOB. KIND OF BU	SINESS OK INDUSIK			WHAT COUNTRY?	
TEACH	ED	Public	School	BALTIMORE,	MARIN DILA	USA	
FATHER'S NAM	AE .	TOPIC	JUNIOUC	14. MOTHER'S MAIDEN NAM	AE		
BAARA	Bulling	-				V/	
	BU CHOF			Date, Solly		R YELLA LOND	707
. Was Deceased	Ever in U. S. Armed Far	ces? 16.	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
	in yes, give war ar oute	3 01 3011100	SECORITI NO.	MR. LESTER GOLDI	MAN 503A CH	LICPOUE AUENUE	
NO			o Tues e		THE DUST CITY		
18. / 7	OXI		CAUSE	OF DEATH		INTERVAL BETWEE	
OTHER SIGNI		Sloting The ONTRIBUTING TED TO THE T. DITION FOR WHITE	(C)	PREAST CA  METASTAS  20A. AUTOPSY? (Yes at No.)	208. IF YES, WERE I	FINDINGS CONSIDERED	,
0	WAS PERF	ORMED		•	" IN CERTIFYING CA	JSES OF DEATH?	
OR CONTRIBL	NT WAS UNDERLYING DINNG CAUSE OF medical examiner			in ar about 21C. WHERE DID office bldg., INJURY OCCUR?	IIf in Baltimare	City, give exact facation)	
21 D. TIME	(Manth) (Day) (Year)	(Haur) 21E, INJ	URY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?		
OF INJURY		While A					
(APPROX)		Work	At Work			a descent of	
22. I certify	that (1) (this hospital	) ottended the d	eceased from	AN 6 1	966 10VAN	11 19 4	25
abox (1) (wa)	lass saw the deces	d alive as . /	AN/ 11	19 6 6 ond the		alam datah a al	
					it in (my) (dur) opi	nion deoth occurred on th	e do
and hour one	from the causes stat	ed obave. (I) (W	e) (did) (did not)	view the bady ofter death.			
23A. SIGNATU	RE					23 B. DATE SIGNED	
C.	mul B	Luch was	M.D. AI	tending Med. ys. Director	Staff Phys.	JANS 11 /GG	
23C. PHYSICIA	vicial 1	Lungu	~		rnys. uz	041011/00	
NAME IT		0		PRANKUN SO	O HOSP.		
SAN	WEL B.	LUAGUE	M.D.	· MAINING SI	7 11031.		
4A. BURIAL CRE	MATION, 248. DATE	24C. NAME	of CEMETERY or CF	REMATORY 24D. LC	CATION (Ci	ty, lawn, at county) (S	(ate)
REMOVAL (	Specify) 1/12/6		MENS CIRCLE		LTIMORE, MA	RYLAND	
BURTAI	1,12/00	WURKI	LIVS CIRCLE	DA.	LI IMORL I		
SA. DATE REC'D	BY HEALTH DEPT.	25B. NAME OF R	EGISTRAR	SOL LEVINSON	4 2010	ADDRESS	
JAN	14 1966 (7.0	and or	0 0	SUL LEVINSON 8	BROS. INC. 6	010 REISTERSTO	HM
/S 150-REV. 1/1/		EUT ST		0 4 3 0			414
1 JU-NEV. 1/1/1	0.0	9					



FUNERAL DIRECTOR: IMPORTANT	-6
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	f death
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	peeased
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	on the
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Si	h. Such
written annount must be abtained before the remains are embalmed or final disposition is made.	

	CC ADARO	INFICATE OF DEATH Registered No.66 00439
	H NO. CASE NO.	THE ST DEXTIL
1. N	AME OF DECEASED	2. DATE AND HOUR OF DEATH
3. P	LACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If inditiution; residence before admiss
	4.4	A. STATE B. COUNTY
ŀ	ULL NAME OF (If not in hospitol or institution, give street oddress or locolion)	C, CITY OR TOWN (If outside city limits, write RURAL and give township)
- 11	NSTITUTION	RILL
. 1	11	D. STREET ADDRESS ((If rurol, give tocotion)
4	4	1212 Union Avenue
5. S	EX 6. RACE 7. MARRIED, NEVER MARRIE WIDOWED, DIVORCED (5)	
1	hate White Mannied	
	USUAL OCCUPATION Give kind of work 108. KIND OF BUSINESS OR I	INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF
000	- Lauteur Batt, City Sanit	tation Baltimore Manyland (15A
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Sand Party	Mary Howard
15.1	Was Deceosed Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
{Tes	,no or unknown) (If yes, give wor or dotes of service) SECURITY N	
_	1R = = = (	CAUSE OF DEATH INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
	LEADING TO DEATH	Sub-Arachroid Hemornhage //10/66-1/
	(This does not mean the mode of dying, e.g., DU heart failure, asthenia, etc. It means the disease,	UE TO
	injury or complication which caused death.)	
	ANTECEDENT CAUSES (B)	)
	DISEASES OR CONDITIONS, if any, giving	
	rise to the above cause (A) stating the (C) UNDERLYING CONDITION last.	
		. /
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	1 / 21
ATIO	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	NA
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATI	TION 20A AUTOPSY (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
ERT		100
L	OR CONTRIBUTION CONTRACTOR STATE OF STA	JURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) y, street, office bldg., NJURY OCCUR?
9	DEATH (notify medical examiner)	
LED	21D. TIME (Month) (Doy) (Yeor) (Hour) 21 E. INJURY OCCU	
2	(APPROX.) While At Work	Not While At Work
	22. I certify that (this haspital) attended the deceased	from // // / / / / / / / / / / / / / / / /
	that (+) (we) lost saw the deceosed alive on	3 / 19 ( and that in (aur) opinion death occurred on the
	and haur and from the causes stated above. (+) (We) (did)	
	23A. SIGNATURE	View the body offer deoff.
	90	M.D. Attending Med. Staff
	Stam o Som	Phys. Director Phys.
	23G-PHYSICIAN'S NAME Type	UNION MEMORIAL HOSPITAL
	DR. HARRY Y. BROWN	M.D.
244	REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETI	
1		Cemt. Baltimore, Maryland
	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS

JW 42 JV 11 1 1 10

			1.4.0	BALTIMORE CIT	Y HEALTH DEF	ARTMENT		
BIRTH M.E. C	NO. CASE NO.	66 00	x 1()	CERTIFICA	ATE OF I	DEATH	Registered Na.	GC 00440
1.NAA (Typo	Maria	(Lena)	Nagdaleno	a Buet	tner	Jan.	14, 1966	8:45
3. PLA	ACE OF DEATH	IN BALTIMORE, M.	ARYCAND		4. USUAL RE	SIDENCE (Whe	ne decoosed lived. If in	stitution: residence before admiss
HO	LL NAME OF	(If not in hospital address or location	or institution, give on)	shoet	C. CITY OR 1	larylan	tside city limits, write	RURAL and give township)
10	1134	ε. 36 <i>th</i>	Street		D. STREET AL		ruiol, give location) th Street	
Jes.		White	7. MARRIED, NEW WIDOWED, D	YORCED (specify)	8. DATE OF B		9. AGE (In years lost birthday)	If Under 1 Yi. If Under 24 Months Doys Hours Min
dans de		NON (Give kind of wo ng life, even il retired)	108, KIND OF BU	SINESS OR INDUSTR	Maryla	ce (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
13. FA	THER'S NAME		•		0 1	MAIDEN NA		T   T   T   T   T   T   T   T   T   T
		Krueger			0	na Bew	tler	
(Yes, no	os Doceased Eve o or unknown) (If	r in U.S. Amned Fo yes, give wor or do!	es of solvice)	SOCIAL SECURITY NO.	Mr.		J. Buettn	er-Same
in	LEA This does not reart failure, osth njury or camplic ANT	R CONDITION DI DING TO DEATH mean the mode a lenia, etc. It mean blion which cause ECEDENT CAUSE CONDITIONS, if	dying, e.g., s the disease, d deoth.)		yocar terioscl	dial Perotic	Infaretion heart usease	INTERVAL BETWEEN ONSET AND DEATH
CATION	OTHER SIGNIFICATION THE DEAT		CONTRIBUTING ATED TO THE IT.		etes /	Mell PSY? (Yes or No	208. IF YES. WERE	FINDINGS CONSIDERED
01	A. ACCIDENT V	VAS UNDERLYING	home, f	CE OF INJURY (e.g., orm, foctory, street,	in at about 21C.	NO WHERE DID RY OCCUR?	IN CERTIFYING CA	e City, give exect lecetion)
WEDICA 10 10 10 10 10 10 10 10 10 10 10 10 10	EATH (notify med	lical examiner) onth) (Day) (Year)	(Hour) 21E. INJ While A	URY OCCURRED Not Wh	ilo	HOW DID INJ	URY OCCUR?	
the on 23	not (1) (we) las nd haur and fro A. SIGNATURE C. PHYSICIAN'S	(1) (this hospital t sow the decease of the causes stated	l) attended the d	January e) (did) (did not)	view the body	ond the	Staff Phys.	nion death accurred on the
24A. B	NAME (Type) ROBI  URIAL CREMAT REMOVAL (Speci	ERT E	, MAY	of CEMETERY or CI	560	24D. L	OCATION (C	AMEDA  ty, town, or county) (Stor
B	urial	1/18/	66 Sacre	ed Heart		y Ba	ltimore, M	laryland
25A. D	JAN 14	1966 P. C.	25B. NAME OF A	EGISTRAR		RAL DIRECTOR	Ruck Inc	5305 Harford

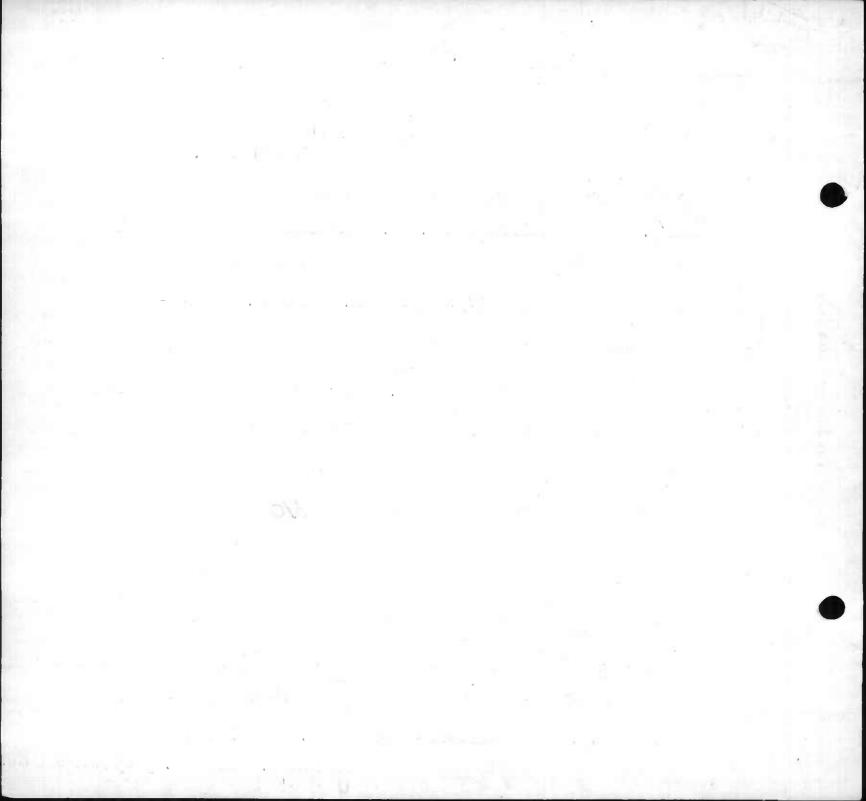
Burial 25A. DATE REC'D JAN 1 1/18/66 Sacred Heart Cemetery Baltimore, Maryland

BY HEALTH DEPT. 25B. MAME OF MEGISTRAR 25C. FUNERAL DIRECTOR Leonard J. Ruck Inc 5305 Harford Rd. VS 150-REV 1/1/65

449.8 44/41/1 ROBERT E MAY

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

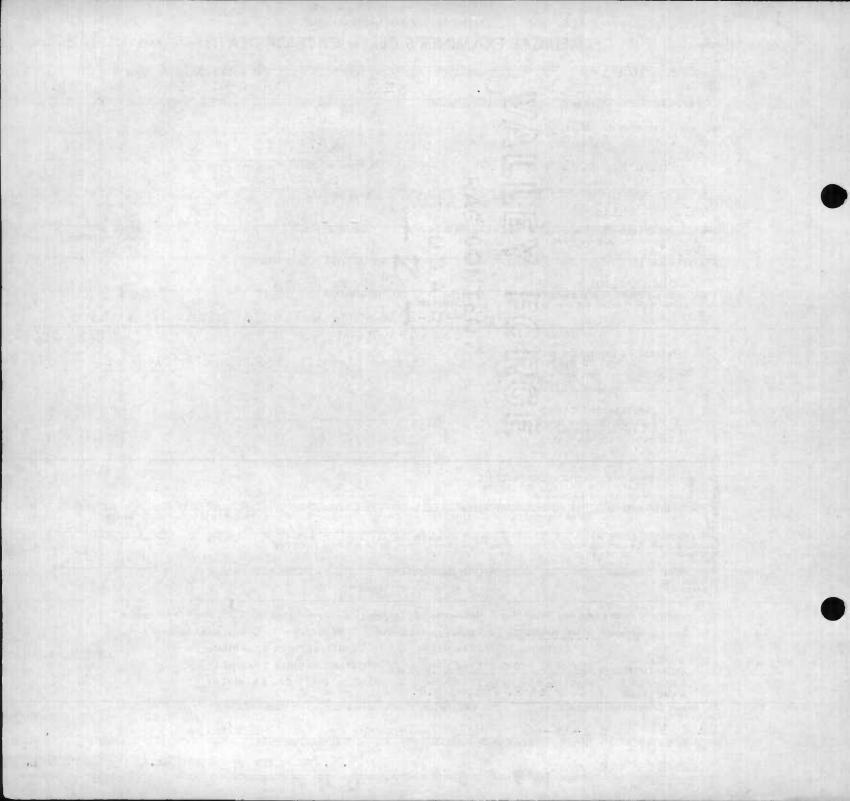


BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 110442 BIRTH NO. M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD (Type or Print) BERNARD OUINN January 12, 1966 J. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD B. COUNTY Maryland FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rurol, give location) Union Memorial Hospital 504 Woodbourne Avenue 9. AGE (In years 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min. WIDOWED, DIVORCED (specify) White Male 63 Married 8-22-1902

IDA. USUAL OCCUPATION (Give kind of work) TOB. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Bottler Brewery Ireland

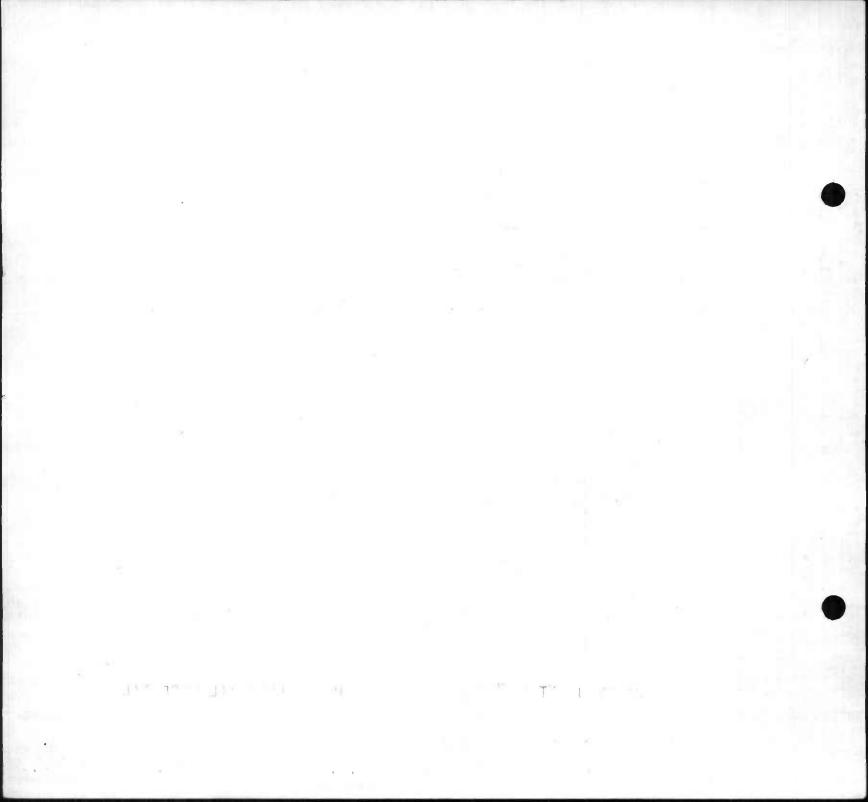
4. MOTHER'S MAIDEN NAME 13. FATHER'S NAME John Quinn Kate Mehon 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SO CIAL 17. INFORMANT ADDRESS (Yes, no or unknown), (If yes, give wor or dotes of service) SECURITY NO. No 215-12-1319 Mrs. Delie J. Quinn Above 18. INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Arteriosclerotic Cardiovascular Disease. LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B, IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? Yes Yes 21B, PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bldg., NJURY OCCUR? 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 21 D TIME 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Month) (Doyl (Year) (Hour) OF INJURY m. WHILE AT NOT WHILE 22. Autopsy X I certify that I held on Inquiry Inspection ond that on this bosis, death in my opinion resulted from: Notural couses X Suicide Homicide Undetermined monner Accident CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER SIGNATURE 1/13/66 EXAMINER'S ASSOCIATE MEDICAL EXAMINER Charles S. Petty, M.D. NAME (Type) 23A. BURIAL CREMATION, 23C. NAME OF CEMETERY OF CREMATORY 23B. DATE 23D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Burial Holv Redeemer Baltimore Md. 24A. DATE REC'D BY HEALTH DEPT. 24B, NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS

H.W. Jenkins & Sons Co. 4905 York Rd.



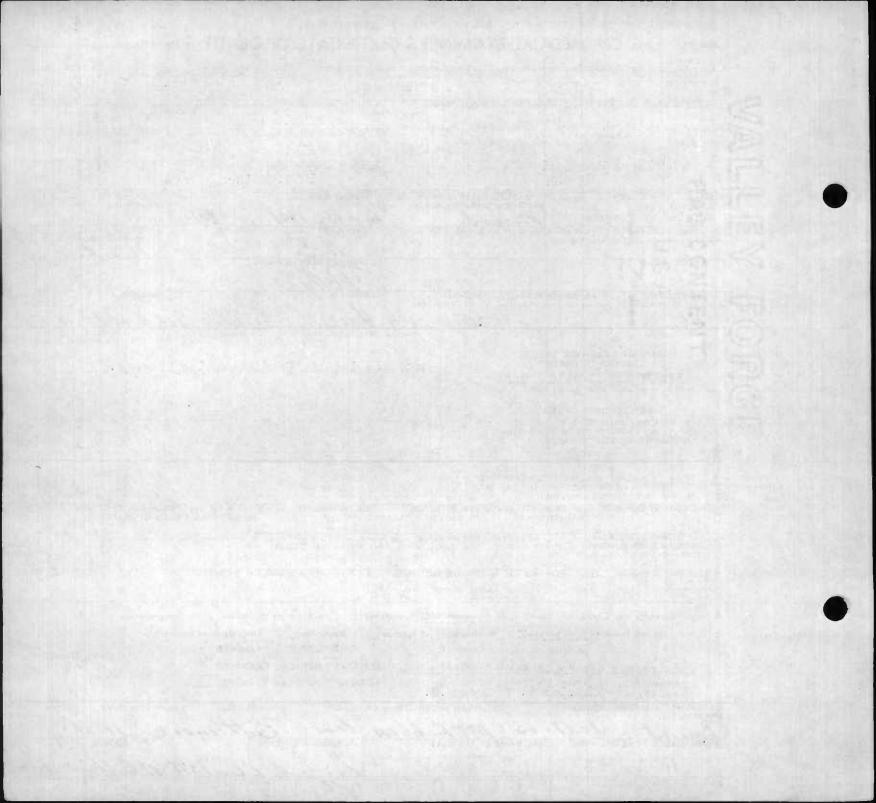
FUNERAL DIRECTOR: IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

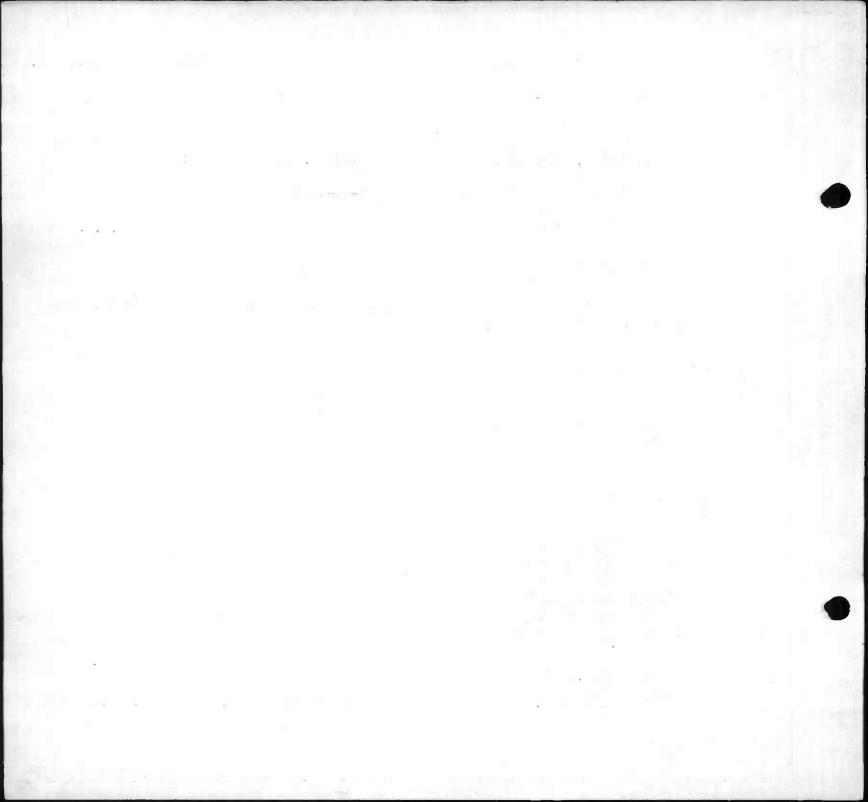
		BALTIMORE CITY	HEALTH DEPARTME	NT	
l I	TH NO. E CASE NO. 66 004	CERTIFICA	TE OF DEA	TH Registered No.	66 00443
1. N (Typ	pe or Print) Camille #	stewart	2. 0	ATE AND YOUR OF DEATH	5 15 AN
	PLACE OF DEATH IN BALTIMORE, MARYLAND  MEMOTIAL  FULL NAME OF  HOSPITAL OR  NSTITUTION  HOSPITAL OR  NSTITUTION	ion, the specifal	A, STATE B.	E (Where deceased lived, If inst COUNTY (If outside city limits, write RU	itution: residence before odmission)  A  RAL ond give township)
4	14		D. STREET ADDRESS	(If rurol, give locotion)	2 2 - 03
5. 5	Female White Wood	RIED, NEVER MARRIED DWED, DIVORCED (specily)	12/25/7	t 9/yrs	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
don	N. USUAL OCCUPATION (Give kind of work 108, KIN)  e during most of working life, even if retired)  HOUSEWIFE	D OF BUSINESS OR INDUSTRY	Misson	-(	12. CITIZEN OF WHAT COUNTRY?
	Josiah Hant	house	Louisa	Fisher	
(Yes	Was Deceased Ever in U. S. Arméd Forces? s,no or unknown) (If yes, give wor or dates of serv	201-20-6390D	Margaret	L. Stewart	Above
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE O		i la dette la	INTERVAL BETWEEN ONSET AND DEATH
	(This daes not mean the made of dying, heart foilure, osthenia, etc. It means the dise injury at complication which caused death.)		nevin, Chi	TO MICE CY INVITED	
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, gi rise to the above couse (A) stating UNDERLYING CONDITION lost.	11		X	7
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	JTING THE	NA		
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FWAS PERFORMED	OR WHICH OPERATION	20A AUTOPSY? (Ye	s or No. 208, IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH
U	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)			City, (ive exact location)
MEDI	21D. TIME (Month) (Doy) (Year) (Hour) (APPROX.)	21 E. INJURY OCCURRED  While At At Work  Not While At Work		OID INJURY OCCUR?	./
	22. I certify that (this hospital) attend that (the (we) last saw the deceased alive	1//2	1966	and that in (my) (our) apini	an death accurred on the dat
	and hour and from the capses stated above		ending Med.	Stoff P	238, DATE SIGNED
	23C. PHYSICIANTS NAME (TYP) ARRY J. BR BR		23D. ADDRESS	MEMORIAL HOSP	ITAL
244	A. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)	C. NAME of CEMETERY of CRI	MATORY	24D. LOCATION (City	, town, or county) (State)
11 -		Greenmount ME OF REGISTRAR	25C. FUNERAL DI		Md.
	JAN 1 4 1968 A C. A. S.	tar Royand	H.W.Jenk	ins & Sons Co	.4905 York Rd.
VS	150-REV. 1/1/65	Ci Har Ale I	0 4 4	Q	



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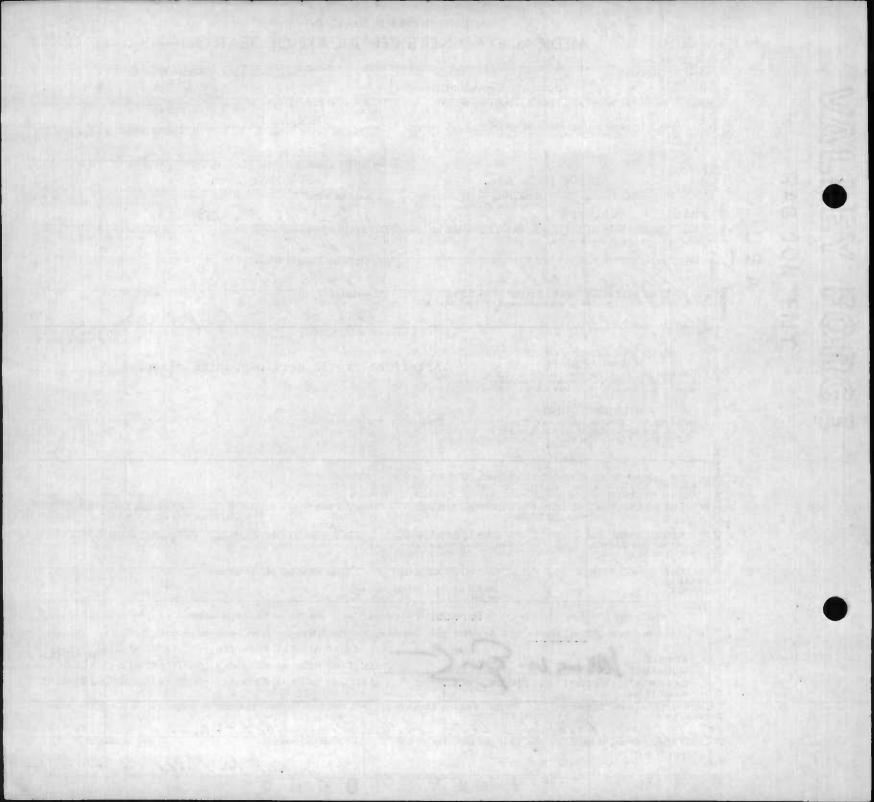
BIRTH NO.	MEDI	CAL EX	AMINER'S C	ERTIFICATE OF I	DEATH Registe	red No	
M.E. CASE NO.  1. NAME OF DE	CEASED ELIJAH		GRIFFIN		b Hour Pronounc		
FULL NAME OF	TIMORE MARYLAND, W	L OR INSTITU		A. STATE Maryland	B. COL		
HOSPITAL OR ADDRESS OR LOCATION)  // Lutheran Hospital				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  Baltimore  D. STREET ADDRESS (If rurol, give location)			
46		11 33 (13)		912 N. F	lton Avenue		
5. SEX Male	6. RACE Negro	MIDOWED, D		Aug. 20, 1901	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.	
	UPATION (Give kind of work working lile, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or foreign	n country)	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAM	A E			14. MOTHER'S MAIDEN NAM	E		
	ED EVER IN U.S. ARMED		16. SOCIAL SECURITY NO.	17. INFORMANT	FF. 91	ADDRESS	
DISEASES RISE TO THE UNDERLYII  OTHER SIG	LEADING TO DEATH not mean the mode of , asthenia, etc. It means mplication which coused  ANTECENDENT CAUSE OR CONDITIONS, IF A IE ABOVE CAUSE (A) S' NG CONDITION LAST.  II STIFICANT CONDITIONS DEATH BUT NOT REI OR CONDITION CAUSING	S NY, GIVING 'ATING THE  CONTRIBUTINA ATED TO TI	DUE TO  (B)  DUE TO  (C)	iosclerotic Cardi	iovascular D	Disease,	
117	F OPERATION 19B. CON WAS PER	ORMED	VHICH OPERATION	NO	IN CERTIFYING CAU	SES OF DEATH?	
UNDERLYING UTING CAL	OR CONTRIB-	hame, etc.)	form, factory, street,	office bldg., INJURY OCCUR?	(If in Baltimare City, gi	ve exact location)	
OF INJURY (APPROX.)	(Manth) (Day) (Yeo	W	HILE AT NOT AT W	WHILE ORK	JRY OCCUR?		
ACTUA SIGNAT EXAMII NAME (	L URE VER'S Type)  Noturol control Noturol con	<u> </u>	Suicide M.D.	CHIEF MEDICAL EXASSISTANT MEDICAL EXASSOCIATE	(AMINER 🗵		
23A. BURIAL CRE REMOVAL (Specif  BUTIAL  24A. DATE REC'D		. 66	MY Au bir	OF CREMATORY 23D. L	Himor	(State)	
JAN VS 151-REV, 1/1/	1 4 1966 (2.0	1.52.	Falleyma	Horse S.	Kelon 1348	N. Calhon St	





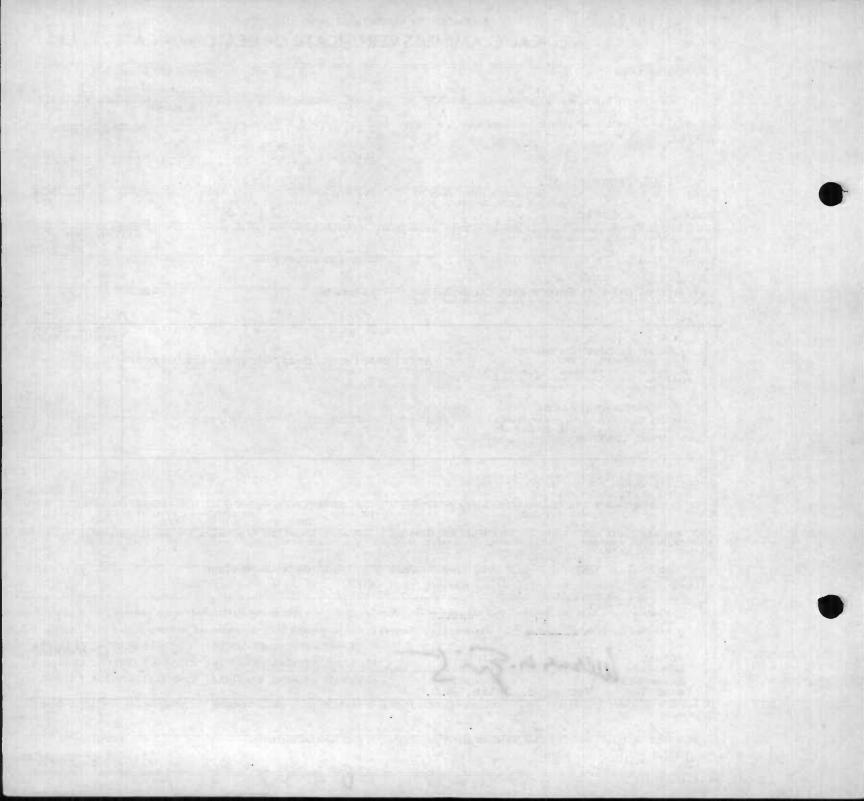
V\$ 151-REV. 1/1/65

Type of Frint	CEASED			2. DATE A	ND HOUR PRONOUNC	
(Type or Print)  James Woodland					1/13/	1
. PLACE IN BALT	IMORE, MARYLAND, W	HERE PRONOUNCED DEAL	4. US A. ST	Marylan  Marylan	e deceosed lived. If inst B. COL	itution: residence befare odmiss JNTY
FULL NAME OF HOSPITAL OR NSTITUTION	(IF NOT IN HOSPITA	AL OR INSTITUTION, GIVE	STREET C. CI		de carparate limits, write	RURAL and give lawnship)
00	4504 N	Main Ave.	D. ST	REET ADDRESS (If rore 4504 Ma	l, give lacation)	
sex male	6. RACE colored	7. MARRIED, NEVER MAR WIDOWED, DIVORCED(Sp Wroer Main	pecify)	E OF BIRTH	9. AGE (In years lost birth day)	If Under 1 Yr. If Under 24 Manths Doys Hours M
	UPATION (Give kind af work warking life, even if retired)	NOB. KIND OF BUSINESS C		THPLACE (State or fore	ign cauntry)	12. CITIZEN OF WHAT COUNTRY?
B. FATHER'S NAM	enry Woo	odkad	14. MC	ANNG SO	tewast	
	O EVER IN U.S. ARMED			ORMANT Red Steins	A 1857 N	ADDRESS
M8.	wwi		CAUSE OF D	.,	, ,,,,,,,	INTERVAL BETWE
RISE TO THUNDERLYII	OR CONDITIONS, IF A LE ABOVE CAUSE (A) S		UE TO			
	II NIFICANT CONDITIONS DEATH BUT NOT RE	LATED TO THE				
TO THE DISEASE O	NIFICANT CONDITIONS DEATH BUT NOT RE	LATED TO THE  JIT.  JUITION FOR WHICH OPER	IATION 20A	. AUTOPSY? (Yes or N	a) 208. IF YES, WERE FI	
DISEASE OF THE DISEAS	NIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING F OPERATION [19B, CON	LATED TO THE 3 IT IDITION FOR WHICH OPER FORMED    218, PLACE OF 19	NJURY (e.g., in ar al	no		SES OF DEATH?
DISEASE OF THE PROPERTY OF THE	NIFICANT CONDITIONS DEATH SUT NOT RE OF CONDITION CAUSING F OPERATION 19.B. CON WAS PER LL CAUSE WAS	LATED TO THE  3 IT.  IDITION FOR WHICH OPER FORMED  218. PLACE OF 18 home, form, facte etc.)	NJURY (e.g., in ar al ory, street, affice bl	no	(If in Baltimare City, gi	SES OF DEATH?
DISEASE OF 19A. DATE OF 19A. DA	NIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING F OPERATION 198. CON WAS PER OR CONTRIB- ISE OF DEATH.  (Month) (Doy) (Yeo	ACCIDENT TO THE SITE OF IT.  ADITION FOR WHICH OPER PARTY TO THE SITE OF IT.  ADITION FOR WHICH OPER PARTY TO THE SITE OF IT.  ADITION FOR WHICH OPER PARTY TO THE SITE OF IT.  ADITION FOR WHICH OPER PARTY TO THE SITE OF IT.  ADITION TO THE SITE OF IT.  ADITION FOR WHICH OPER PARTY TO THE SITE OF IT.  ADITION TO THE SITE OF IT.  ADITION TO THE SITE OF IT.  ADITION FOR WHICH OPER PARTY TO THE SITE OF IT.  ADITION TO THE SITE OF IT.  ADITION FOR WHICH OPER PARTY TO THE SITE OF IT.  ADITION TO THE SITE OF IT.  ADITION FOR WHICH OPER PARTY TO THE SITE OF IT.  ADITION TO THE SITE OF IT.  ADITION FOR WHICH OPER PARTY TO THE SITE OF IT.  ADITION TO THE SITE OF IT.  ADITION TO THE SITE OF IT.  ADITION FOR WHICH OPER PARTY TO THE SITE OF IT.  ADITION TO THE	NJURY (e.g., in or of or	Oncut 21C, WHERE DID dg., INJURY OCCUR?  21F. HOW DID IN  ond that an the online of th	IN CERTIFYING CAU  (If in Boltimore City, gi  JURY OCCUR?  his bosis, deoth In r  Undetermined mann  XAMINER  XAMINER	ses OF DEATH?  ve exact location)  my apInIon  er   DATE SIGNE
DISEASE OF THE PROOF THE P	NIFICANT CONDITIONS DEATH SUT NOT RE PRESENTED TO THE PRESENT OF T	LATED TO THE  GIT.  21B. PLACE OF IN hame, form, facto etc.)  () (Hour) 21E. INJURY (  m. WHILE AT WORK  Inquiry Inspection U. Spirz, M.D.	NJURY (e.g., in or of or	Ond that an the Homicide CHIEF MEDICAL ECIATE MEDICAL	UN CERTIFYING CAU  (If in Boltimore City, gi	ses OF DEATH?  ve exact location)  my aplnlon  er



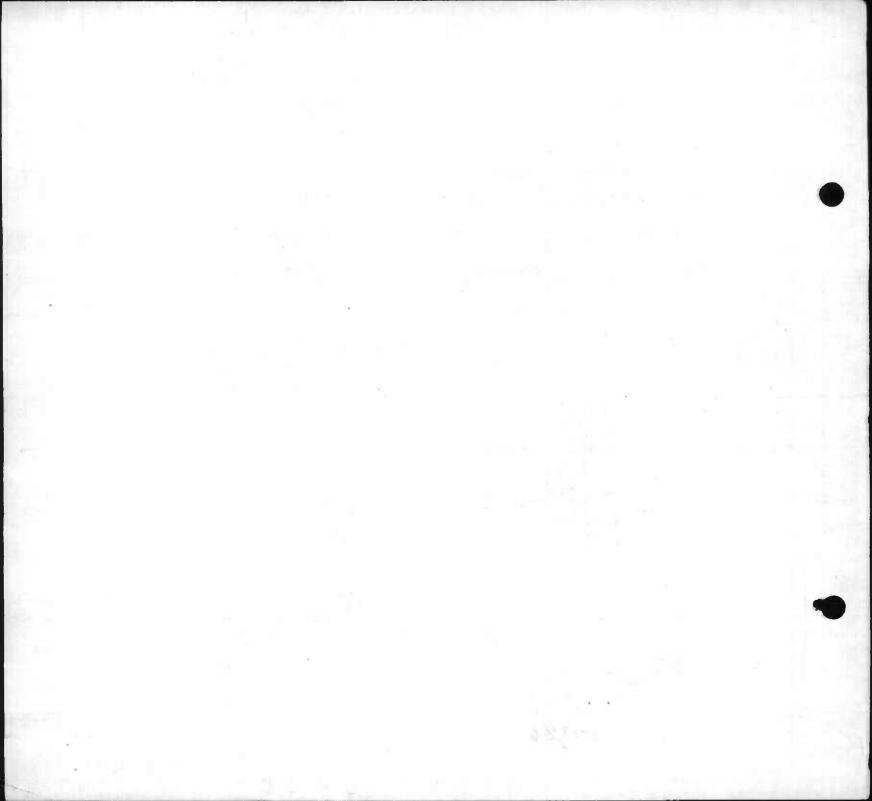
## CC ODAAT

BIRT	H NO.		MEDI	CAL EX	AMINER'S C	ERTIF	ICATE OF D	DEATH Register	red Na.	CHEER /
	CASE NO.									
	De or Print)	EASED	Man.				2. DATE AND	HOUR PRONOUNCE	D DEAD	
				Louis	Hackney			1/13		7:30 p. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD			4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission)  A. STATE  B. COUNTY							
FILE	L NAME OF	(IF NOT I	N HOSPITA	I OR INSTITU	TION CIVE STREET		Maryland			
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)							
1143	IIIOIION						Baltimo	ore \	105	
- 3	10					D. STRE	T ADDRESS (If rurol,	give location)		
1	1503	Pressm	nan St.				1503 Pre	ssman St.		
5. S		6. RACE		7. MARRIED,	NEVER MARRIED	B. DATE		9. AGE (In years		1 Yr. If Under 24 Hrs.
m	ale	colore		1)	OIVORCED (specify)	An	£ 1558	lost hirthdoy)	Months, I	Poys   Hours   Min.
					BUSINESS OR INDUSTR	TI BIDTH	PLACE (State or foreign	72	12. CITIZE	N OF
	during most of v			TO SE IGITED OF	DOSMESS ON MEDOSIN		Al F	. country		COUNTRY?
20.0	A TILLEON C. AL AAA					1	1. ( .		100	3119
13.1	ATHER'S NAM	/ 1	1 4			14. MOTI	IER'S MAIDEN NAME			
	Fre	d H	ack N	16 4						
	was DECEASE , no or unknown)				16. SOCIAL SECURITY NO.	17. INFOR	MANT		ADDRESS	/
	No					The	1 Mertus	V 1503 1	12559	411 504
	1B. ( )	7 1			CAUSE	OF DEA	TH /	9 /000/		INTERVAL BETWEEN
	40	d. 1								ONSET AND DEATH
	DISEAS	LEADING T	DITION DIR O DEATH	ECTLY	Arteri	oscle	rotic cardio	vascular di	Sease	
	(This does n	ot meon the	mode of	dying e.g.	DUE TO			······································	Jeasq	
	injury or con	osthenio, etc. nplication whic	ch coused d	eoth.)						
		NECCHIDEN								
		NTECENDEN OR CONDITION			(B)					
	RISE TO TH	E ABOVE CAL	USE (A) ST		DUE 10					
7	UNDERLIN	IG CONDITIO	ON LAST.		(C)					
ō										
X		NIFICANT COL								
E E		DEATH BUT			1E					
CERTIFICATION	19A. DATE OF		19B. CONE	DITION FOR V	VHICH OPERATION	20A. A	UTOPSY? (Yes or No)	20B. IF YES, WERE FIN	IDINGS CO	DNSIDERED
	0		WAS PERF	ORMED			no	IN CERTIFYING CAUS	ES OF DEA	ATH?
	21 A. EXTERNAL			21 B. F	LACE OF INJURY (e.g.,	in or obou	21C. WHERE DID (	If in Boltimore City, giv	e exoct loc	otion)
음	UNDERLYING DE CAU			etc.)	form, foctory, street,	office bldg	INJURY OCCUR?			
	21D TIME	(Month) (D	oy) (Yeor)	(Hour) 21	E. INJURY OCCURRED		21F. HOW DID INJU	DY OCCIID?		
	OF INJURY	(10101111) 10	oyi (leon			MHII 5 -	ZII. NOW DID INJU	KI OCCOK:		
	(APPROX.)			m. W		ORK				
	22.   cert	ify that I he	ld an In	auiry 🗌	Inspection X Au	tapsy 🗌	and that an thi	s basis, death in m	v aplnion	
		ted from: No			ccident Suicid			Indetermined monne		
	19501	red from: 140	dinini, con	SES _ A	ccident Juicia				F L.	
	ACTUAL	1		1	7-1.		IEF MEDICAL EX	true's		DATE SIGNED
	SIGNAT		rus	4.4	M.D	ASSIST	ANT MEDICAL EX	AMINER 🖺	7	17/100
	EXAMIN				2	ASSOC	ATE MEDICAL EX	AMINER	1,	/14/66
02.4	NAME (			, A	z, M.D.		loop .			
	BURIAL CRE! AQVAL (Specify		B. DATE	230	NAME OF CEMETERY	CREMA	ORY 23D. LC	CATION (City,	town, or co	ounty) (State)
1	Surial	/	-17-	66	my Aubu	1 Kl	Cem. B	4/1/1000	o h	10%
244	DATE REC'D	BY HEALTH	DEPT.	- 60 6	OF REGISTRAR	24C.	FUNERAL DIRECTOR		AI	DDRESS
	JAN 1	4 1966 (	(20.1	1-8,00	all as MAR		1.	9 1/ /	51/9	1 Plan of
	pd (h					e	La Je	- pela /	1011	· current
VS	151-REV. 1/1/	55		7 0	0 0		6 6 1			



FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. CERTIFICATE OF DEATH of death Deceased Such M.E. CASE NO. 2 DATE AND HOUR OF DEATH (Type or Print) uo Murray Arence hospital 0 death. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND A SUAL RESIDENCE (Whele deceased lived. If institution; residence before admission attendance R. COUNTY cause; (5) Cause MARYLAND (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR address or location) C CITY OF TOWN (If outside city limits, write RURAL and give township INSTITUTION 0 HAMPSTEAD = prior contributing D. STREET ADDRESS (If rurol, give location) Warresty occurred (4) Undetermined regular is mad 5. SEX 7. MARRIED, NEVER MARRIED 9. AGE (In years R. DATE OF BIRTH If Under 24 Hrs. If Under 1 Yr. eceased Months Doys WIDOWED DIVORCED (specify) lost birthdoy Hours SINGLE 92 10 IDA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF death disposition = done during most of working life, even if retired) ŏ NoNe 424 Was MARYLAND 13. FATHER'S NAME the 14. MOTHER'S MARBEN NAME direct Witfield assistant death uo 15. Was Deceased Ever in U. S. Armed Forces? final (Yes, no or unknown) (If yes, give wor or dotes of service) the SECURITY NO. attendance Everett Murray. Hampstead. Md. no any CAUSE OF DEATH INTERVAL BETWEEN 0 pronounce ONSET AND DEATH his DISEASE OR CONDITION DIRECTLY A So. embalmed LEADING TO DEATH Disecting Abdominal Aneurysm fracture (This does not mean the made of dying, e.g., With Rupture heart failure, asthenia, etc. It means the disease. medical examiner gular examiner. injury or complication which coused death.) Congestive Heart Failure ANTECEDENT CAUSES Po DUE TO 9 are DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the physician UNDERLYING CONDITION Inst the remains medical MOS CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. Body the chief 19A, DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 0 0 WAS PERFORMED before 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 27 C. WHERE DID home, lorm, foctory, street, office bldg., UNJURY OCCUR? 3 (If in Boltimore City, give exoct location) where released to the hospital MEDICAL °Z DEATH (notify medical examiner) etc.) nature; obtained 21 D. TIME (Month) (Doy) (Year) (Hourl 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY approved (except While At Not While (APPROX) At Work Work and any 22. I certify that (1) (this hospital) attended the deceased fram 19 66 that (H) (we) last sow the deceased alive on. and that in (my) (our) opinion death occurred on the date of death) hospital and hour and from the causes stated above. (+) (We) (did) (did not) view the body after death. must accident 23A, SIGNATURE 23 B. DATE SIGNED must M.D. Attending Med. Stoff Phys. 0 1. m Phys. approval Director O 23C. PHYSICIAN'S 23D. ADDRESS certificate prior WOS to NAME (Type) An T.M. HUDAK D.O.A. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY eceased 24D. LOCATION (Stote) (City, town, or county) the body REMOVAL (Specify) shows: Hampstead Md. Hampstead 258. NAME OF REGISTRAR Was BY HEALTH DEPT. 25C. FUNERAL DIRECTOR ADDRESS Hampstead, Md. Tipton-Eline

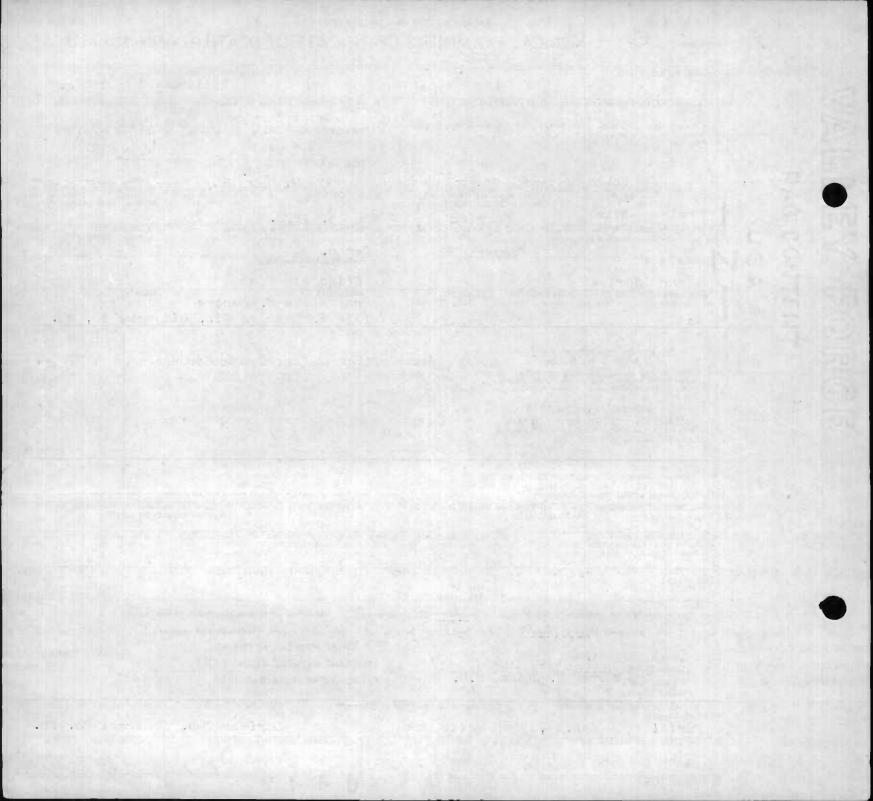


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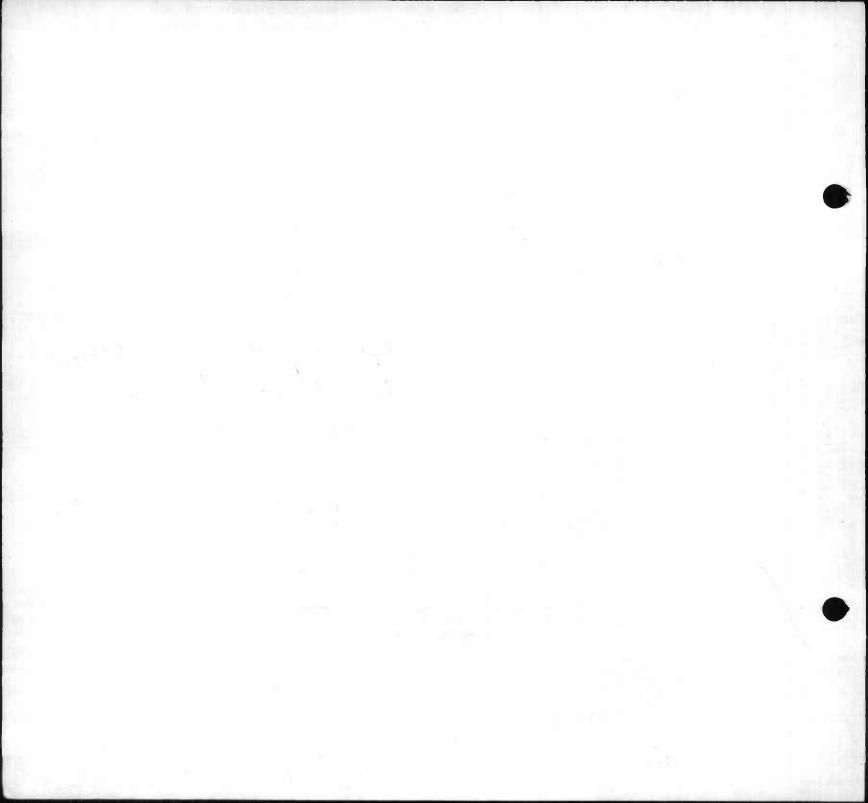
66 UNAFRICAL EVALABLED'S CERTIFICATE 66 111/140

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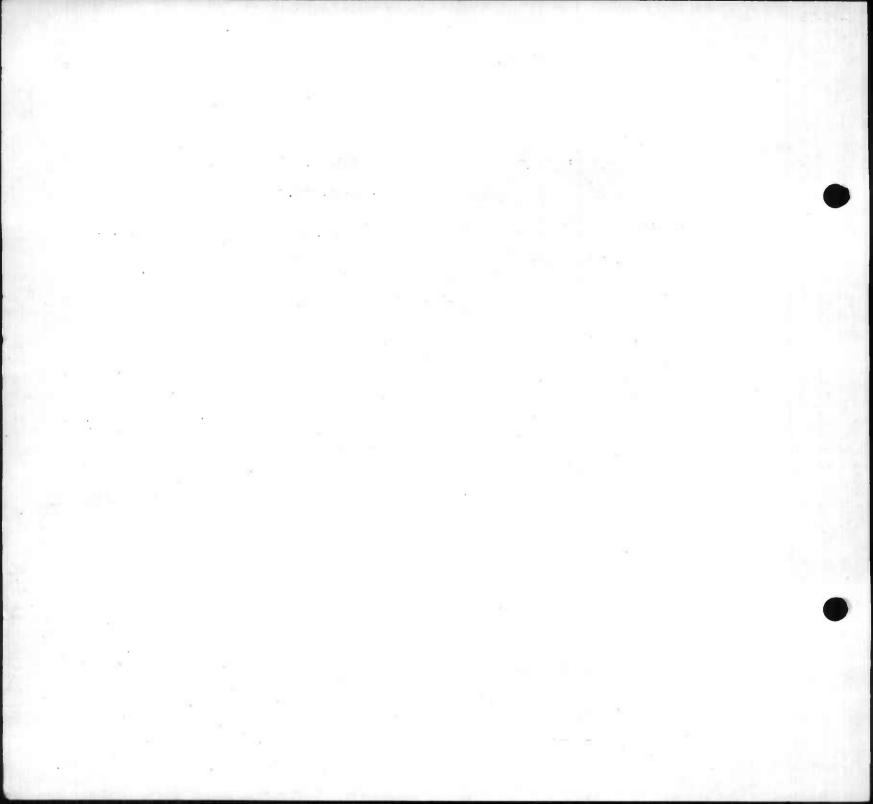
NAME OF DE	CEASED			2. DATE AN	D HOUR PRONOUNC	ED DEAD
'ype ar Print)		Frank	Hartge		1/11/66	7:56 a.
PLACE IN BAL	TIMORE, MARYLAND, W			4. USUAL RESIDENCE (Where Pennsylvan	777	itution: residence befare admissi
STITUTION	(1F NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU	TTON, GIVE STREET	c. CITY OR TOWN (If outside Berline	e corporote limits, write	RURAL and give township)
12				D. STREET ADDRESS (If rurol,	give location)	V - 0 0
10	South Balt	imore G	eneral Hospit			
SEX	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr, If Under 24 H
male	white	Mar	orvorced(specify)	May 25, 1878.	last birthday) 87	Manths, Days, Hours, Mir
	CUPATION (Give kind af war working life, even if retired)	kIOB KIND OF	BUSINESS OR INDUSTR	11. BIRTHPLACE (State ar foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
		Farme	r	Penna.		USA
FATHER'S NA	ME			14. MOTHER'S MAIDEN NAM	E	
	Hartge			Elizabeth Fi	nk	
WAS DECEAS es, na ar unknawi	ED EVER IN U.S. ARMED	o FORCES?	16. SOCIAL SECURITY NO.	Mrs. Elsie M.	Hartae	ADDRESS
No			181 24 8892			timore 30 Md.
1B.	23/			OF DEATH	ed Sout Lave	INTERVAL BETWEE
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DISEA	LEADING TO DEATH	1	Arteri	osclerotic cardio	ovascular di	sease
injury or co	nat meen the mode of e, osthenio, etc. It meens amplication which coused	s the disease, death.)	DUE TO			
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	111 11115	BALTIMORE CITY	HEALTH DEPARTMENT	00 00150			
- 11	BIRTH NO. $660045$	CERTIFICA	TE OF DEATH Registered N	<u>se 00450</u>			
	NAME OF DECEASED		2. DATE AND HOUR OF DEA	тн			
	Type or Print) GARCIA  B. PLACE OF DEATH IN BALTIMORE, MARYLAND	AN	1-13-64  14. USUAL RESIDENCE (Where deceased lived. I	11:10 A M.			
	PLACE OF DEATH IN BALTIMORE, MARYCAND		A. STATE B. COUNTY	f institution; residence before admission)			
	FULL NAME OF (If not in hospital or instituted by the following of the following of the following in the following of the following of the following in the following of the fol	lion, give street	C. CITY OR TOWN (If outside city limits, wi	te RU(AL and give township)			
1	25		BALTIMORE D. STREET ADDRESS (If rurol, give lacation)	53 +2 .			
	CHURCH HOME & H	CSPITAL	313 F. RT. 2				
mad	5 WIDO	RIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years last birthday) 10-5-07 50	Months Days Hours Min,			
is	IOA. USUAL OCCUPATION (Give kind of work 108. KIN		11. BIRTHPLA CE (State or foreign country)	12. CITIZEN OF			
tion	done during mast of working life, even if retired)  HOUSEWIFE W	- Home	Balto, md.	WHAT COUNTRY?			
6	13. FATHERS NAME		14. MOTHERS MAIDEN NAME	F-1/			
dis	5. Was Deceased Ever in U. S. Armed Farces?	11/ 000141	MARY GERGL	ADDRESS			
111	Yes, no or unknown) (If yes, give wor or dotes of serv	16. SOCIAL SECURITY NO.	Louis a. Garcia Hustr	nd ) some as above			
orf	18. 4 9 / X	CAUSE O	F DEATH	INTERVAL BETWEEN			
	DISEASE OR CONDITION DIRECTLY	R	0	ONSET AND DEATH			
embalmed	LEADING TO DEATH	(A) <b>(</b>	yhumany Idenia h	rea 5 days			
<u> </u>	(This does not mean the made of dying, heart foilure, asthenia, etc. It means the disc		bronelw praymone:	1			
d	injury or complication which caused death.)	(1	Del 78 - 12. P	- 1 0 h			
	ANTECEDENT CAUSES	DUE TO	The Police of th	1-/ught			
are	DISEASES OR CONDITIONS, if any, gi		The state of the s	40			
	rise to the above cause (A) stating UNDERLYING CONDITION last.	the (C)	and the state of	TAUR			
remains							
E	OTHER SIGNIFICANT CONDITIONS CONTRIBU	JTING					
-	TO THE DEATH BUT NOT RELATED TO	THE					
the	19A. DATE OF OPERATION 19B. CONDITION I	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?			
before	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)	21B. PLACE OF INJURY (e.g., inhome, farm, factory, street, aletc.)	n or obout 11C. WHERE DID (If in Baltin ffice bldg., INJURY OCCUR?	nare City, give exact location)			
D	21D. TIME (Manth) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
ained	OF INJURY (APPROX.)	While At Not While At Wark	•	1			
þ	22. I certify that (I) (this hospital) attend	led the deceased fram	1 - 8 1966 10	1-13 1966,			
pe o	that (I) (we) last saw the deceased alive	an 1-13	19 66 and that in(my) (aur)	opinian death accurred an the date			
	and haur and fram the causes stated above						
must	23A. SIGNATURE	or (i) (ii o) (did) (did iidi) (	The fire body offer death.	23 B. DATE SIGNED			
	0, -0	M.D. Atte	ending Med. Stoff	1-13-66			
0	23CPHYSICIAN'S	Phy	S. Director Phys.	1,13 06			
0	NAME (Type)						
approval	EPHRAIM B. BARZ	ZAGA M.D.	CHURCH HOME & HO	osp. BAL10.31, md			
0	24A. BULIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)	C. NAME of CEMETERY of CRI	EMATORY 24D. LOCATION				
Te l	Burial 1-17-66	moreland far		Sallo Co mo.			
written	25A. DATE RE'D BY HEALTH DEPT. 0 258. WA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	Balto Co Mo.  ADDRESS  My 300 Mace are.			
	VS 150-REV. 1/1/65	660	Jornelly fundal Hon	4 300 mice ut.			



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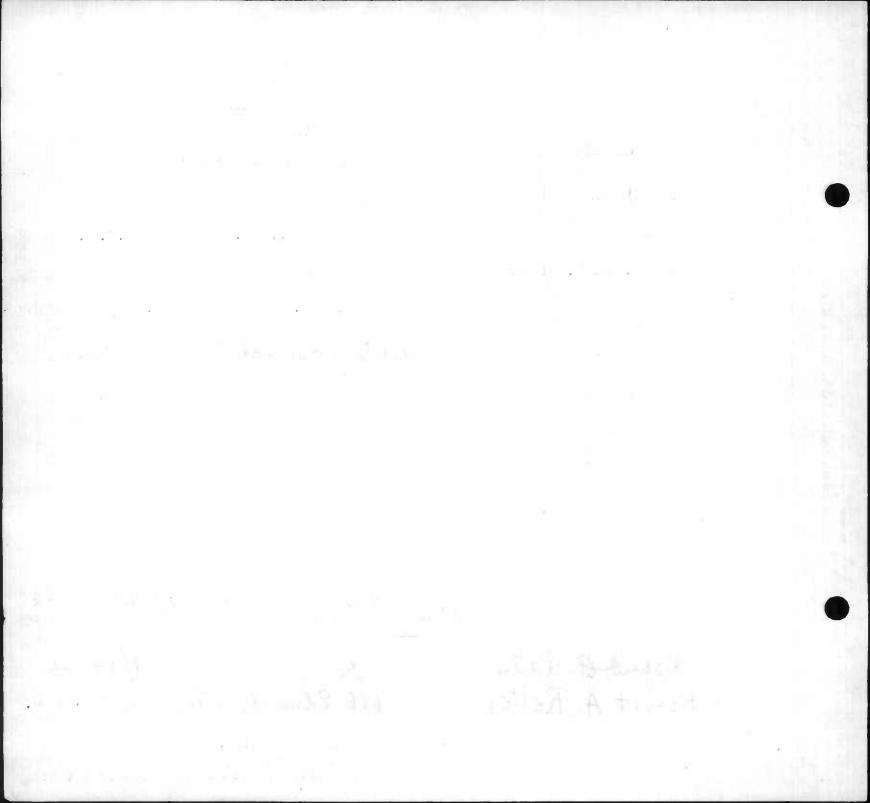


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Such

a hospital and

			BALTIMORE CITY	HEALTH DEPARTMENT		66 00452
M.E	E CASE NO.	0452	CERTIFICA	TE OF DEATH	Registered Na.	
	pe or Print)	B	Leonard	2. DATE A	1.3 / 6 6	9 40
3. F	PLACE OF DEATH IN BALTIMORE, MA	RYLAND	LEDIVARG	4. USUAL RESIDENCE (Whe	ere deceased lived. If	institution: residence before odmission)
ŀ	FULL NAME OF (If not in hospital HOSPITAL OR oddress or location)		on, give street	Maryland	Baltimore	RURAL ond give township)
A	3702 Hillsdale Ro	ad		Baltimon D. STREET ADDRESS (IF	rurol, give location)	14-86
0				3702 Hillsda		
	Semale White	Widow	ED, NEVER MARRIED WED, DIVORCED (specify)  dowed	10/16/1880	9. AGE (In years lost birthdoy) 85	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	LUSUAL OCCUPATION (Give kind of worked during most of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
	At Home			Perry Co.,	Pa.	U.S.A.
13.	FATHERS NAME			14. MOTHER'S MAIDEN NA	ME	3,3,12,
	Robert N. E	ixler		Sara Sha	effer	
15.	Was Deceased Ever in U. S. Armed Fo	rces?	1 6. SOCIAL	17. INFORMANT	CITCI	ADDRESS
10:	s, no or unknown) (If yes, give wor or dot	es or servic	e) SECURITY NO.  None	Edward N. La.	onand 2218	N. Forest ParkA
_	1B. (C. C. C. C. 1		CAUSE O		onard 2210	INTERVAL BETWEEN
	DISEASE OR CONDITION DI	DECTIV			, \	ONSET AND DEATH
	LEADING TO DEATH	RECILI	0.	ute panere	axitis	2 days
	(This does not meen the mode of	dying, e	.g., DUE TO	we funere		- aury
	heart failure, astheria, etc. It means injury or complication which cause		se,			
	ANTECEDENT CAUSE		( B)			
			DUE TO			
	DISEASES OR CONDITIONS, if					
	UNDERLYING CONDITION lost.		(0)	<u></u>		000 to 00
	- 11					
ATION	OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING	ATED TO	TING THE			
ERTIFIC	19A. DATE OF OPERATION 19B. COI	NDITION FO	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or N	o) 208. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
CAL CI	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	_	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)		(If in Boltimo	are City, give exoct locotion)
MEDIC	21 D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)		21E, INJURY OCCURRED  While At Not While Work At Work		JURY OCCUR?	3.40
	22. I certify that (1) (this hospital				10 5-14	1/13 1966
	that (1) (we) last saw the deceas	ed alive a	in 1/13	19.66 and tl	hat in(my) (aur) ap	1 13 19 6 b
	and have and from the causes sto	ited abave	. (I) (We) (did) ( <del>did not)</del> v	riew the bady after death.		
	Rally A. C	Pette	M.D. Att	ending Med. Director	Stoff Phys.	23 B. DATE SIGNED
	23C. PHYSICIAN'S NAME (Type) A	Peite	) M.D.	606 Edmon	Som aus	Butto 28 mg
24	A. BURIAL CREMATION, 248. DATE	240	NAME of CEMETERY OF CR	EMATORY 24D. I	LOCATION	City, town, or county) (State)
	Burial 1/17/6	6 1	Pleasant Grove	Cemetery	oring Man	vland
254	A. DATE REC'D BY HEALTH DEPT.		L-OF REGISTRAR	200 FUNERAL DIRECTO	oring, Mar	yland
	JAN 17 1966 R.C.	F- 8.	Transport Mills	6 Sesworth 1	merson	
	JAN 1 1300 01000	11 3	6 6 0 0	Parsworth Ar	macost 460	0 Liberty Heights



## FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

				BALTIMORE CITY	HEALTH DEPAR	TMENT		00 0	0100
	TH NO.	66 06	1453	CERTIFICA	TE OF DE	ATH	Registered N	o. 66 i)	1453
	AME OF DECEASED					2. DATE AND I	HOUR OF DEA	ТН	
(Тур	pe or Print)	Carr	ie Herg	genrother		January	7 13, 19	66	
3. 1	LACE OF DEATH IN 8	ALTIMORE, MAI	YLAND		4. USUAL RESID				idence befare admission
- 1	FULL NAME OF (III HOSPITAL OR OF NSTITUTION	not in hospital address or location	or institution,	give street	Pa.	VN (If outside	city limits, wri	te RURAL ond	give township)
					Penn.		give location)		
0	() Clift	on Nursi	ing Hon	ne		rescent			
5. 5	EX 6. RACE			NEVER MARRIED	8. DATE OF BIRT		GE (In years birthdoy)	If Under	1 Yr. II Under 24 Hr
F	emale W	hite		o, DIVORCED (specify)	12/25/1		85	TVIOINITS C	roys Hoors Patin.
IOA	. USUAL OCCUPATION  o during most of working life	(Give kind of work	10B. KIND OF	BUSINESS OR INDUSTRY			country)	12. CITIZE	N OF T COUNTRY?
3011	At Home	o, e o o o o o o o o o o o o o o o o o o			Lanca	stan Da			S.A.
13.	FATHER'S NAME				14. MOTHER'S M	ster, Pa	1.0		D.A.
	Unk	nown				Unkn	own		
5.	Was Deceased Ever in	U. S. Armed Ford	es?	1 6. SOCIAL	17. INFORMANT		500 C	escent	ADDRESS
10	No	give wor or dote	of service	None	Virginia	Beckett			St.
_	18. 4. 50	71		CAUSE O		Doortor	Pennd	el, Pa.	NTERVAL BETWEEN
	DISEASE OR C	ONDITION DIR	ECTLY	(A)	Respirato	rv feilu	re.		udden.
	ANTECE DISEASES OR CONtise to the above	DENT CAUSES IDITIONS, if (	ony, giving	DUE TO	eralized s	rteriosc	lerosis		
ATION	OTHER SIGNIFICANT TO THE DEATH DISEASE OR CONDITI	BUT NOT RELA	TED TO TH						
CERTIFIC	19A. DATE OF OPERAT	ION 198. CON		WHICH OPERATION	20A. AUTOPS	(? (Yes or No) 2	DB. IF YES, WE	RE FINDINGS ( CAUSES OF D	CONSIDERED EATH?
CAL CEI	21A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical	CAUSE OF	21 B. horr etc.	PLACE OF INJURY (e.g., in the, form, foctory, street, of	fice bldg., INJURY	TERE DID	(If in Boltin	more City, give	exoct locotion)
MEDI	21D. TIME (Month) OF INJURY (APPROX)	(Doy) (Year)		INJURY OCCURRED  ile At Not While rk At Work	e [	W DID INJURY	OCCUR?		7
	22. I certify that (I)	(this hospital	) ottended t	he deceased from		19	to	******	19
	that (I) (we) lost so	w the decease	d olive on		19	ond that i	n(my) (aur)	apinion death	accurred on the de
				l) (We) (did) (did not) v					
	23A. SIGNATURE	. 4	Alle		ending TA M	ed. Stol	1 -	23B. DATE	SIGNED
	Macer	re cil	Trein	Phy	s. D	rector Phy	s. 🔲	ful	14,1760
	23C. PHYSICIAN'S NAME (Type)			M.D.		97		0.70.70	100
0.1.	Maurice I		lo : e · :			North A			
241	Burial CREMATION REMOVAL (Specify)	1/15/6		AME of CEMETERY of CRE Voodlawn Cem		Balti	more,	(City, town, or Marylan	

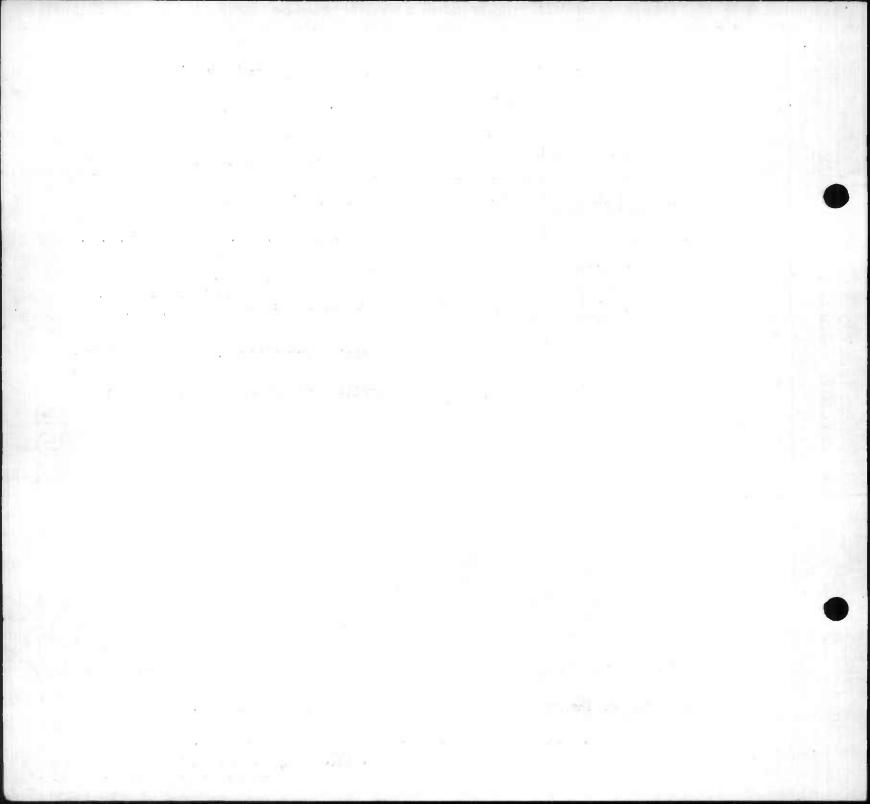
25A. DATE REC'D BY HEALTH DEPT.

25B. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR

ADDRESS

LISWORTH Arma cost 4600 Liberty Heights



FUNERAL DIRECTOR: IMPORTANT

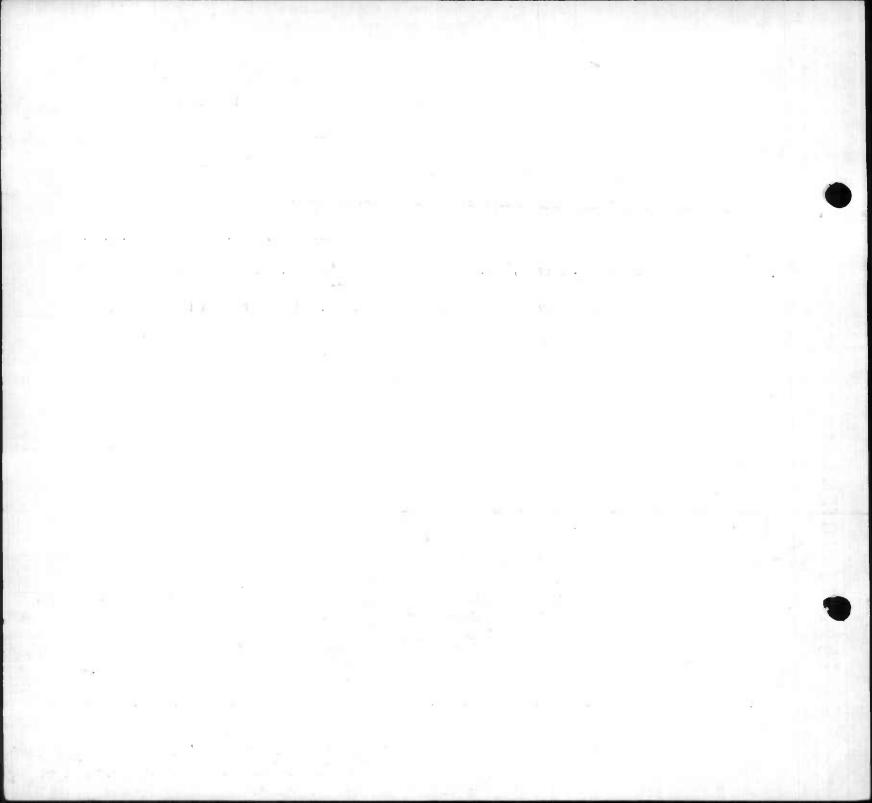
		BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO66 004	)4	CERTIFICA	TE OF DEATH	Registered No	G 00454
M.E. CASE NO.  1. NAME OF DECEASED			2. DATE	AND HOUR OF DEAT	H 255
(Type or Print)	alounk	MDIVEN		11/1/1	X33P
3. PLACE OF DEATH IN BALTIMORE,	MARYLAND	INDIVEN	4. USUAL RESIDENCE	Where deceased lived. If	institution: residence before admission
			A. STATE B. CO	YINUC	
FULL NAME OF (If not in hospit HOSPITAL OR oddress or loco	ol or institution,	give street	Maryland	Baltimore	
INSTITUTION		_ /			e RURAL and give township)
do 3700 Hu	110-1.1.	RI	Baltimore D. STREET ADDRESS	(If rurol, give location)	00 71
3100 111	LAMALE	2/10		sdale Road	3 10
5. SEX 6. RACE	7 AA ABBIED	, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs
	WIDOWE	D, DIVORCED (specify)		lost birthday)	Months Doys Hours Min.
Male White		rried	2/17/1892	73	Do Citizen Of
10A, USUAL OCCUPATION (Give kind of widone during most of working life, even if retired		F BUSINESS OK INDUSIKI	11. BIKIMPLACE (Store of	roreign country)	12. CITIZEN OF WHAT COUNTRY?
Lawyer			Baltimore	e, Md.	U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
Thomas M. I	Diven. S	r	Ida C	Zimmerman	n
15. Was Deceased Ever in U. S. Armed (Yes, no ar unknown) (If yes, give war ar d		1 6. SOCIAL	17. INFORMANT	211111111111111111111111111111111111111	ADDRESS
	_	SECURITY NO.	D 11 G D:	2500 77111	
	lavy	None	Ruth G. Dive	n 3700 Hills	
18. / 6 2. / I		CAUSE O			ONSET AND DEATH
DISEASE OR CONDITION LEADING TO DEAT		BA	ncho genic Netastasi	CALMAN	X Men Ha
(This does not meon the made		DUE TO	n de garac	Coccordi	mas 0/10019113-
heart failure, asthenia, etc. It mea	ns the disease,	2	Myartasi	S	
injury ar complication which caus		(9)			
ANTECEDENT CAUS		DUE TO	• • • • • • • • • • • • • • • • • • • •		
DISEASES OR CONDITIONS, i			dada waa da aa a		
UNDERLYING CONDITION last.	, slamy me	10/	dub wob co.co a 6 8 8 8 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
11					
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT R DISEASE OR CONDITION CAUSIN		11.			
	ERFORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes o		E FINDINGS CONSIDERED CAUSES OF DEATH?
ER .					
OR CONTRIBUTING CAUSE OF	21 E	B. PLACE OF INJURY (e.g., i ne, form, foctory, street, o	n or obout 21 C. WHERE DI ffice bldg., INJURY OCCUI	D (If in Boltim	nore City, give exact location)
DEATH (notify medical examiner)	etc.	.)			
Q 21D. πME (Month) (Doy) (Ye	or) (Hour) 21E	. INJURY OCCURRED	21 F. HOW DID	INJURY OCCUR?	
₹ (APPROX.)	WI	nile At Not While			)
20 1 1 1 1 1 1		A	Tune	1063	and it its
22. I certify that (I) (this hospi		the deceosed from	Yard /	19 10	1999
that (I) (we) lost sow the deced	sed olive on	YOU !T	1964 one	d that In (my) (aut) o	pinion deoth occurred on the da
and hour and from the causes s	toted above. (	1) (Was) (did) (did-mot) v	view the body ofter dea	oth.	
23A. IGNATURE	/			. 100	23B, DATE SIGNED
Jones L. W	erslu	M.D. Att	ending Med. Director	Stoff Phys.	1/15/66
23C. PHYSICIAM'S NAME (Type)	/	1/1	23D. ADDRESS		
Thomas	L. Work	164, Jr. M.D.	2900 Alameda	Blvd. Balto	., Md. 21218
24A. BURIAL CREMATION, 24B. DATE		AME of CEMETERY OF CR			(City, town, or county) (State)
REMOVAL (Specify)	1//				
Burial 1/17	/66 Lc	orraine Cemet	tery	Baltimore,	Maryland

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death (shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased , This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and deceased prior to death); and (6) No physician was in regular attendance on the deceased prwritten approval must be obtained before the remains are embalmed or final disposition is made. was D.O.A. at a hospital (except where the physician who pronounced the body was released to the hospital by a medical examiner.

Ellsworth Armacost 4600 Liberty Heights

1965

VS 150-REV. 1/1/65



### IMPORTANT FUNERAL DIRECTOR:

RTIFICATE OF DEATH BIRTH NO. rif death occurred in a hospital and rect or contributing cause of death (4) Undetermined cause; (5) Deceased the Such M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 0 death. 3. PLACE OF DEATH IN BALTIMORE 4. USUAL RESIDENCE (Where deceased lived. Il institution: residence attendance B. COUNTY A. STATE (If not in haspital or institution, give street FULL NAME OF OW HOSPITAL OR address or location) (Il autside city limits, write RURAL and give tawnship) INSTITUTION prior ADDRESS made. regular 5. SEX MARRIED, NEVER MARRIED OF RIRT 9. AGE (In years deceased WIDOWED, DIVORCED (spegify) last birthdov ZUCASIZ arried isposition is 10A. USUAL OCCUPATION (Give kind al wark 10B. KIND OF BUSINESS OR INDUSTRY Ξ done during most of working life, even il retired) Was 13. FATHER'S NAME the MOTHER'S MAIDEN NAME Ellswenth ce death LO 15. Was Deceased Ever in U. S. Armed Farces 17. INFORMANT 6. SOCIAL (Yes, na ar unknown) (II yes, give war ar dates of service) final SECURITY NO. ance any CAUSE pronounced 0 attend DISEASE OR CONDITION DIRECTLY balmed fracture of LEADING TO DEATH (This does not mean the made al dying, e.g., heart lailure, asthenia, etc. It means the disease, 9 injury or complication which caused death.) em nb ANTECEDENT CAUSES who DUE TO 10 are 4 DISEASES OR CONDITIONS, if any, giving (F) to the above cause (A) stating the = physician UNDERLYING CONDITION last. remains Was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Idn TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Body 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSPERED the O physi WAS PERFORMED IN CERTIFYING CAUSES OF 3 21A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in ar about 21 C. WHERE DID (Il in Baltimore City give exact location) where OR CONTRIBUTING CAUSE OF hame, lorm, lactory, street, affice bldg., INJURY OCCUR? the body was released to the hospital MEDICAL °Z DEATH (natily medical examiner) any nature; obtained (Haur) 21 D. TIME (Month) (Doy) (Year) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY (except While At Nat While [ (APPROX) Wark Al Work and 22, I certify that (# (this hospital) attended the deceased from that 🛍 (we) lost saw the deceased alive on 6 ond that In ( our) opinion death occurred on the date hospital death) ond haur and from the causes stoted obave. (f. (We) (did) (did) view the body ofter deoth. must accident 23A. SIGNATURE Allending Phys. Med. Stall M.D. 0 Director approval 0 23C. PHYSICIAN'S NAME (Type) prior 23 D. ADDRESS ŧ UNION MEMORIAL TIPTON JR., M.D. D.O.A. 24A. BURIAL CREMATION. or CREMATOR 24D. LOCATION (City, lawn, af county) deceased REMOVAL (Specify) Was REC'D 258. NAME OF REGISTRAR FUNERAL DIRECTOR

BALTIMORE CITY HEALTH DEPARTMENT

Registered No.

If Under 1 Yr. Months: Days

32. CITIZEN OF WHAT COUNTRY

ADDRESS

INTERVAL BETWEEN

ONSET AND DEATH

(State)

A DORESS

If Under 24 Hrs.

Hours

1 18

66

Burial

VS 150-REV. 1/1/65

Such

a hospital and

		HEALTH DEPARTMENT		
	0456 CERTIFICA	TE OF DEATH	Registered Na.	00 000
M.E. CASE NO.		DATE AN	ND HOUR OF DEATH	bb 111455
(Type or Print) STERLING	- TILMAN BOOKE	FR JAN. 1.	4 1966	1055 A.
3. PLACE OF DEATH IN BALTIMORE, MA			ere deceased lived. If i	nstitution: residence befere admission)
HOSPITAL OR eddress er lacetie		MANYLAND		RURAL end give township)
ONIVERSITY A	HOSPITAL	D. STREET ADDRESS (IF	rurel, give lecotion)	
0		1239 W	ICLI AM	ST.
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lest birthday)	If Under 1 Yr. If Under 24 Hrs. Menths: Doys Hours: Min.
MALE WHITE	MARRIEN	8 11/25/08	59	77.013
10A, USUAL OCCUPATION (Give kind of wordone during most of working life, even if relired)	Detective Agy.	MANY LAND	ign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	Descente Agy.	14. MOTHER'S MAIDEN NA	ME	
UNKNOWN		UNKNOW	UN	
15. Wes Decesed Ever in U. S. Armed Fo. (Yes, no or unknewn) (If yes, give wor er dete	tces?   1 6. SOCIAL	17. INFORMANT		ADDRESS
No		Mrs. Mary V. Bo	oker 1	239 William St.
18. 4 22	CAUSE O			INTERVAL BETWEEN
DISEASE OR CONDITION DE	RECTLY	0	1 - 0	ONSET AND DEATH
LEADING TO DEATH	dying as (A) RECT	ER PULMON AR	4 GMBOUS	m
heart failure, asthenia, etc. It means	the disease,		,	
injury or complication which coused  ANTECEDENT CAUSES	(B) An	TEMOSLIEROTIC C	AKDIOVASCL	LAP
DISEASES OR CONDITIONS, if	DUE TO	mmm mp4000p+0 65 605 60 60 60 60 60 0 0 0 0 0 0 0 0	PISEASE.	
rise to the obove couse (A) UNDERLYING CONDITION lost.	stoting the (C) Por	PHYURIA		UNKNOWN
II				
OTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING	ATED TO THE			
	IDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE	FINDINGS CONSIDERED
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., i heme, ferm, fectory, street, o etc.)	n er ebout 2 C. WHERE DID	(If in beltimer	e City, give exect lecetion)
21D. TIME (Month) (Doy) (Yeer) S (APPROX.)	While At Net While	21F. HOW DID INJ	URY OCCUR?	
	Werk At Werk	DECEMBER		
22. I certify that (N) (this hospita that (N) (we) last saw the decease	10	2 1	19 65 to JAI	inion death accurred on the date
	ted abave. (N) (We) (did) (did not) v		iat ingay) (aur) api	inion death accurred on the date
23A. SIGNATURE	red douve. 31) (we) (did) (are not) (	new the body after death.		23B, DATE SIGNED
Torneth	Ellock M.D. Atte	ending Med.  Director	Steff Phys.	January 14 1966
23C.PHYSICIAN'S NAME (Type)		23D. ADDRESS		
KENNETH E. MO	rT M.D.	Uhwersetz 1	tospital	
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CR	EMATORY 24D. L	OCATION (C	ity, town, er county) (State)

24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, tawn, er ceunty) (Stete) 6 Cedar Hill
258. NAME OF REGISTRAR
Fr 8 January 2SC. FUNERAL DIRECTOR A. CO. MODRESS "ve Mc 130 E. Fort

PLANOR PRY GRIDAGIANT

ARTEROPELERIOTE CHROPOSTICCHE PHINGE

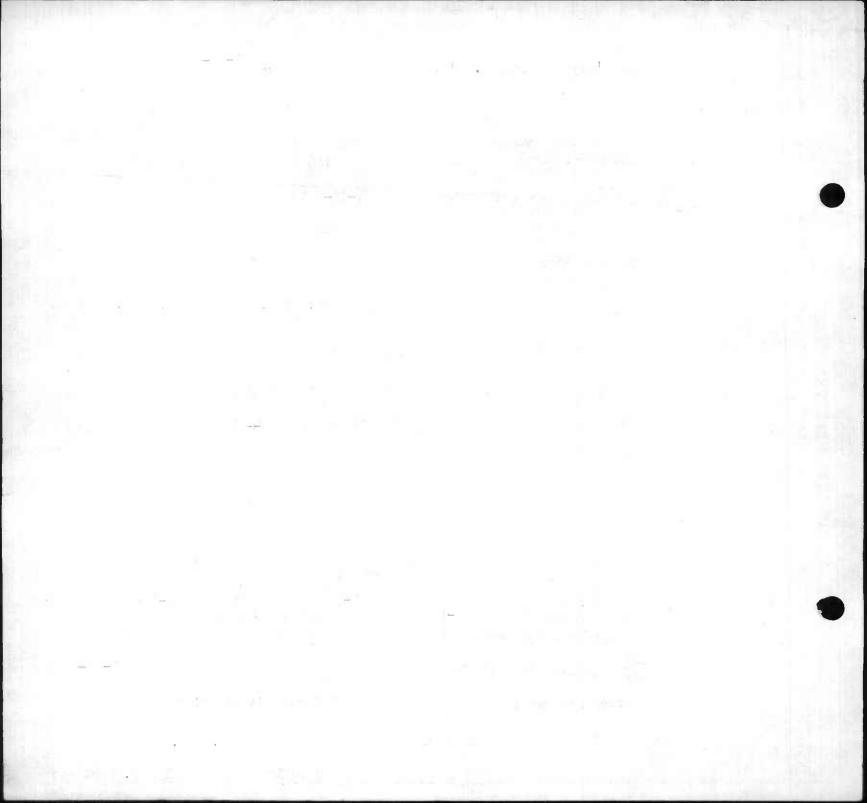
PORPHYURIA

WELDEN TY

Someth E. Well

Unwenty Horpital

		00	101157	BALTIMORE CITY			CC 00457
	CASE NO.			CERTIFICA	ATE OF DEATH	Registered N	66 00457
Тур	AME OF DECE	Ann O'Bryne	Anne E	. O'Byrne	0	1-12-66	P
. P	ACE OF DEA	TH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE	Where deceased lived. I DUNTY	f institution rosidonco boforo odmiss
F	JLL NAME OF	(If not in hospital address or location	or institution, g	give street	Maryland	l	2000
	CHITLITIANI	Baltimore Cit		tals	Baltimo		to RURAL and give township)
-		940 Eastern	-		D. STREET ADDRESS	(If rurol, give location)	20-20
3	/ I	Baltimore, Ma	ryland,	#21224	146 Lync	dale Avenue,	#21236
· S	Female	6. RACE White	WIDOWED	NEVER MARRIED b. DIVORCED (specify)  VOCCED	8. DATE OF BIRTH 7-11-1917	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Months Doys Hours Min
	USUAL OCCU				11. BIRTHPLACE (State of		12. CITIZEN OF
lone	during most of w	orking life, even if retired)			Maryland		US A
3. F	ATHER'S NAM	E	1		14. MOTHERS MAIDEN		
		Charles Eder	•		1	Mary Gallagh	er
		Ever in U. S. Armed For (If yes, give wor or doto		1 6. SOCIAL	17. INFORMANT		ADDRESS
103	No	til yes, give wor or bolo	os or servicer	SECURITY NO.	RECORDS: BC	H, 4940 East	ern A e., #21224
	18. 162	, / 1		CAUSE	DE DEATH		INTERVAL BETWEEN ONSET AND DEATH
		OR CONDITION DIE	RECTLY				
		I meon the mode of	dying, e.g.,	(A) Brai	n Stem Hernia	tion	1 <u>Min</u>
	hearf failure, a	asthenia, etc. If means					
	injury or comp	licolian which coused	deoth.)				
		NTECEDENT CAUSES		(B) Mult	iple brain me	asi ze s	mo
	DISEASES O	NTECEDENT CAUSES	ony, giving	DUE TO			
	DISEASES Of the	NTECEDENT CAUSES	ony, giving	DUE TO	iple brain med		mo Several mo
	DISEASES Of the	NTECEDENT CAUSES  R CONDITIONS, if abave couse (A)	ony, giving	DUE TO			
ATION	DISEASES OF THE SIGNIF	NTECEDENT CAUSES  R CONDITIONS, if abave couse (A) CONDITION last.	ony, giving storing the	(c) Oat			
RTIFICATION	DISEASES OF THE SIGNIF	NTECEDENT CAUSES  R CONDITIONS, if abave couse (A) CONDITION last.  II ICANT CONDITIONS C ATH BUT NOT RELACED TO THE CONDITION CAUSING I	ony, giving stofing the CONTRIBUTING ATED TO THIS.	(c) Oat	Cell ca of the	Nol 208. IF YES, WE	
CERTIF	DISEASES OF THE DESTANCE OF THE DESTASE OF COMMENTAL OF THE DESTASE OF COMMENTAL OF THE DESTASE OF CONTRIBU	NTECEDENT CAUSES  R CONDITIONS, if abave couse (A) CONDITION last.  II ICANT CONDITIONS CATH BUT NOT RELA CONDITION CAUSING I	ony, giving storing the CONTRIBUTING ATED TO THIT.	CC ORT	Cell ca of the	No) 208, IF YES, WE	Several mo
EDICAL C	DISEASES OF THE DESTRUCTION OF THE DESTRUCTION OF CONTRIBUTION	RECEDENT CAUSES  R CONDITIONS, if abave couse (A) CONDITION last.  II ICANT CONDITIONS C ATH BUT NOT RELA CONDITION CAUSING I OPERATION 198. CON WAS PERI T WAS UNDERLYING TIME CAUSE OF	ony, giving storing the CONTRIBUTING ATED TO THIT.  IDITION FOR V FORMED  218, hometc.)	CC ORT	20A. AUTOPSY? (Yes on NO in or obout 21C. WHERE DI offico bidg., INJURY OCCUI	No) 208, IF YES, WE	RE FINDINGS CONSIDERED CAUSES OF DEATH?
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MEDICAL C	DISEASES OF THE UNDERLYING  OTHER SIGNIFTO THE DEDISEASE OR CONTRIBUTION OR CO	RECEDENT CAUSES  R CONDITIONS, if abave couse (A) CONDITION last.  II  ICANT CONDITIONS CATH BUT NOT RELATION 198. CON WAS PERITOR TO MASS PER	ony, giving storing the CONTRIBUTING ATED TO THIT.  IDITION FOR V FORMED  218, hometc.)  (Hour) 21E, Whi Work	DUE TO  (C) Oat  GE  WHICH OPERATION  PLACE OF INJURY (e.g., o, lorm, foctory, stroot, c)  INJURY OCCURRED  Le At Not Which At Work	20A. AUTOPSY? (Yes on NO in or obout 21C. WHERE DI INJURY OCCUP	r Noi 208. IF YES, WE IN CERTIFYING  (If in Boltin	RE FINDINGS CONSIDERED CAUSES OF DEATH?
MEDICAL	DISEASES OF THE DESCRIPTION OF THE DESCRIPTION OF CONTRIBUTEDEATH (notify 121 D. TIME OF INJURY (APPROX.)	NTECEDENT CAUSES  R CONDITIONS, if abave couse (A) CONDITION last.  II  ICANT CONDITIONS CATH BUT NOT RELACED NOT CONDITION CAUSING IOPERATION 198. CON WAS PERITURE TO WAS UNDERLYING TO CAUSE OF medical examinary	ony, giving stofing the CONTRIBUTING ATED TO THIT.  IDITION FOR V. FORMED  218. hom etc.)  (Hour) 21E. Whim word was a storing to the contribution of the contribution	DUE TO  (C) Oat  GE  WHICH OPERATION  PLACE OF INJURY (e.g., o, lorm, foctory, stroot, c)  INJURY OCCURRED  Le At Not Which At Work	20A. AUTOPSY? (Yes on No in or obout 21C. WHERE DI Office bidg., 21F. HOW DID	r No. 208. IF YES, WE IN CERTIFYING  (If in Boltin INJURY OCCUR?	Several mo  RE FINDINGS CONSIDERED CAUSES OF DEATH?  note City, give exact location)
MEDICAL C	DISEASES OF THE DESCRIPTION OF THE DESCRIPTION OF CONTRIBUTION	R CONDITIONS, if abave couse (A) CONDITION last.  II ICANT CONDITIONS CATH BUT NOT RELACONDITION CAUSING IOPERATION 198. CON WAS PERIT WAS UNDERLYING TING CAUSE OF medicol exominor)  (Month) (Doy) (Year)	cony, giving storing the CONTRIBUTING ATED TO THIT.  IDITION FOR VERY CONTRIBUTION FOR V	DUE TO  (C) Oat  OC OA	20A. AUTOPSY? (Yes on No in or about 21C. WHERE DI Office bldg., INJURY OCCUI	r Nol 20B, IF YES, WE IN CERTIFYING  INJURY OCCUR?  1966 ta d that in(my) (aur) o	Several mo  RE FINDINGS CONSIDERED CAUSES OF DEATH?  note City, give exact location)
MEDICAL C	DISEASES OF THE DESCRIPTION OF THE DESCRIPTION OF CONTRIBUTION	NTECEDENT CAUSES  R CONDITIONS, if abave couse (A) CONDITION last.  II ICANT CONDITIONS CATH BUT NOT RELA CONDITION CAUSING I OPERATION 198. CON WAS PERI T WAS UNDERLYING TING CAUSE OF medical examinary (Month) (Doy) (Year)  that (1) (this hospital last saw the decease fram the causes say	cony, giving storing the CONTRIBUTING ATED TO THIT.  IDITION FOR VERY CONTRIBUTION FOR V	DUE TO  (C) Oat  OC OA	20A. AUTOPSY? (Yes on No in or obout 21C. WHERE DI Office bidg., 21F. HOW DID	r Nol 20B, IF YES, WE IN CERTIFYING  INJURY OCCUR?  1966 ta d that in(my) (aur) o	RE FINDINGS CONSIDERED CAUSES OF DEATH?  note City, give exact location)
MEDICAL C	DISEASES OF THE DESCRIPTION OF THE DESCRIPTION OF CONTRIBUTION	NTECEDENT CAUSES  R CONDITIONS, if abave couse (A) CONDITION last.  II ICANT CONDITIONS CATH BUT NOT RELA CONDITION CAUSING I OPERATION 198. CON WAS PERI T WAS UNDERLYING TING CAUSE OF medical examinary (Month) (Doy) (Year)  that (1) (this hospital last saw the decease fram the causes say	cony, giving storing the CONTRIBUTING ATED TO THIT.  IDITION FOR VERY CONTRIBUTION FOR V	DUE TO  (C) ORT  ORT  WHICH OPERATION  PLACE OF INJURY (e.g., o, lorm, foctory, stroot, of the least of the l	20A. AUTOPSY? (Yes a No in or obout 21C. WHERE DI Office bidg., NJURY OCCUI	r Nol 20B, IF YES, WE IN CERTIFYING  INJURY OCCUR?  1966 ta d that in(my) (aur) o	RE FINDINGS CONSIDERED CAUSES OF DEATH?  more City, give exact location)  1-12- 19 60
WEDICAL C	DISEASES OF THE UNDERLYING  OTHER SIGNIFTO THE DE DISEASE OR CONTRIBUTION OR C	NTECEDENT CAUSES  R CONDITIONS, if abave couse (A) CONDITION last.  II  ICANT CONDITIONS CATH BUT NOT RELADITIONS CAUSING IN CONDITIONS CAUSE OF medical examinary (Month) (Day) (Year)  That (I) (this hospital last saw the decease from the causes say	cony, giving storing the CONTRIBUTING ATED TO THIT.  IDITION FOR VERY CONTRIBUTION FOR V	DUE TO  (C) ORT  ORT  ORT  ORT  ORT  ORT  ORT  ORT	20A. AUTOPSY? (Yes a No in or obout 21C. WHERE DI Office bidg., NJURY OCCUI	r No) 208. IF YES, WE IN CERTIFYING  (If in Bolting)  INJURY OCCUR?	RE FINDINGS CONSIDERED CAUSES OF DEATH? more City, give exact location)  1-12- 19 60 aprinian death accurred an the or
MEDICAL	DISEASES OF THE DESCRIPTION OF THE DESCRIPTION OF THE DESCRIPTION OF CONTRIBUTION OF INJURY (APPROX.)  22. I certify that (I) (we) and haur and 23A. SIGNATUI 23C. PHYSICIAE NAME (Ty	NTECEDENT CAUSES  R CONDITIONS, if abave couse (A) CONDITION last.  II ICANT CONDITIONS CATH BUT NOT RELA CONDITION CAUSING I OPERATION 198. CON WAS PERI T WAS UNDERLYING TING CAUSE OF medicol exominor)  (Month) (Doy) (Year)  that (I) (this hospital last saw the decease from the causes store TS po) Bruce Lee E	cony, giving storing the CONTRIBUTING ATED TO THIT.  IDITION FOR VERY CONTRIBUTION FOR WELL.  (Hour) 21E. Whit Work Control of the control of	DUE TO  (C) ORT  ORT  ORT  ORT  ORT  ORT  ORT  ORT	20A. AUTOPSY? (Yes a No in or obout 21C. WHERE DI office bldg., INJURY OCCUI 21F. HOW DID item 1 1 - 5 19 66 and office blood of the bady after deaders.)  Indiana Med. Director 22D. ADDRESS	r No) 208. IF YES, WE IN CERTIFYING  (If in Bolting)  INJURY OCCUR?	RE FINDINGS CONSIDERED CAUSES OF DEATH?  nore City, give exact locotion)  1-12- 19 66  23B, DATE SIGNED 1-12-66
MEDICAL	DISEASES OF THE DESCRIPTION OF THE DESCRIPTION OF THE DESCRIPTION OF CONTRIBUTION OF INJURY (APPROX.)  22. I certify that (I) (we) and haur and 23A. SIGNATUI 23C. PHYSICIAE NAME (Ty	NTECEDENT CAUSES R CONDITIONS, if abave couse (A) CONDITION last.  II ICANT CONDITIONS CATH BUT NOT RELA CONDITION CAUSING I OPERATION 198. CON WAS PERI T WAS UNDERLYING ING CAUSE OF medicol exominor) (Month) (Doy) (Year)  That (1) (this hospital last saw the decease from the causes sate  YS DELEGE E  MATION, 248. DATE	CONTRIBUTING ATED TO THIT.  IDITION FOR V FORMED  (Hour)  21E, Whi Worl  1) attended the dalive an	DUE TO  (C) ORT  WHICH OPERATION  PLACE OF INJURY (e.g., o., lorm, foctory, stroot, o., lorm, foctory,	20A. AUTOPSY? (Yes a No in or obout 21C. WHERE DI office bldg., INJURY OCCUI 21F. HOW DID to the bady after dealers. Med. Diroctor 23D. ADDRESS Baltimore	INJURY OCCUR?  1966 ta dthat in(my) (aur) of the	RE FINDINGS CONSIDERED CAUSES OF DEATH?  nore City, give exact locotion)  1-12- 19 66  23B, DATE SIGNED 1-12-66
WEDICAL C	DISEASES OF CONTROL OF CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTROL CONTRIBUTION CONTROL CONTRIBUTION CONTROL CONTRIBUTION CONTROL CONTRIBUTION CONTROL CONTR	R CONDITIONS, if abave couse (A) CONDITION (A)	CONTRIBUTING ATED TO TH IT. IDITION FOR V FORMED  218. hom etc.)  (Hour) 21E. Whi Wor  1) attended the dalive an	DUE TO  (C) Oat  OAT  OAT  OAT  OAT  OAT  OAT  OAT  OA	20A. AUTOPSY? (Yes on No in or obout 21C. WHERE DI office bidg., INJURY OCCUI 21F. HOW DID item in the bady after deaders in the bady after deaders.)  21F. HOW DID item in the bady after deaders.  22D. ADDRESS  Baltimore	INJURY OCCUR?  1966 to dthat in(my) (aur) of the Sloff Applys. A  Cit Hospital D. Location  Balto. Md	RE FINDINGS CONSIDERED CAUSES OF DEATH?  nore City, give exact locotion)  1-12- 19 66  23B. DATE SIGNED 1-12-66
WEDICAL C	DISEASES OF CONTROL OF CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTROL CONTRIBUTION CONTROL CONTRIBUTION CONTROL CONTRIBUTION CONTROL CONTRIBUTION CONTROL CONTR	NTECEDENT CAUSES  R CONDITIONS, if abave couse (A) CONDITION last.  II  ICANT CONDITIONS CATH BUT NOT RELADITION CAUSING IN CONDITION CAUSING IN CONDITION CAUSING IN CONDITION (Mas Periodical exominor)  (Month) (Doy) (Year)  That (I) (this hospital last saw the decease from the causes some condition)  Bruce Lee Example.	ONTRIBUTING ATED TO TH IT.  IDITION FOR V FORMED  218. hom etc.)  (Hour) 21E. Whi Wor  1) attended the dalive an	DUE TO  (C) Oat  OAT  OAT  PLACE OF INJURY (e.g., o., lorm, foctory, stroot, o., lorm, foctory, stroot	20A. AUTOPSY? (Yes a No in or obout 21C. WHERE DI office bldg., INJURY OCCUI 21F. HOW DID to the bady after dealers. Med. Diroctor 23D. ADDRESS Baltimore	INJURY OCCUR?  1966 ta d that in(my) (aur) of the spital occurrence occurs.  Cit Hospital occurs.	RE FINDINGS CONSIDERED CAUSES OF DEATH?  nore City, give exact location)  1-12- 19 66  23B. DATE SIGNED 1-12-66

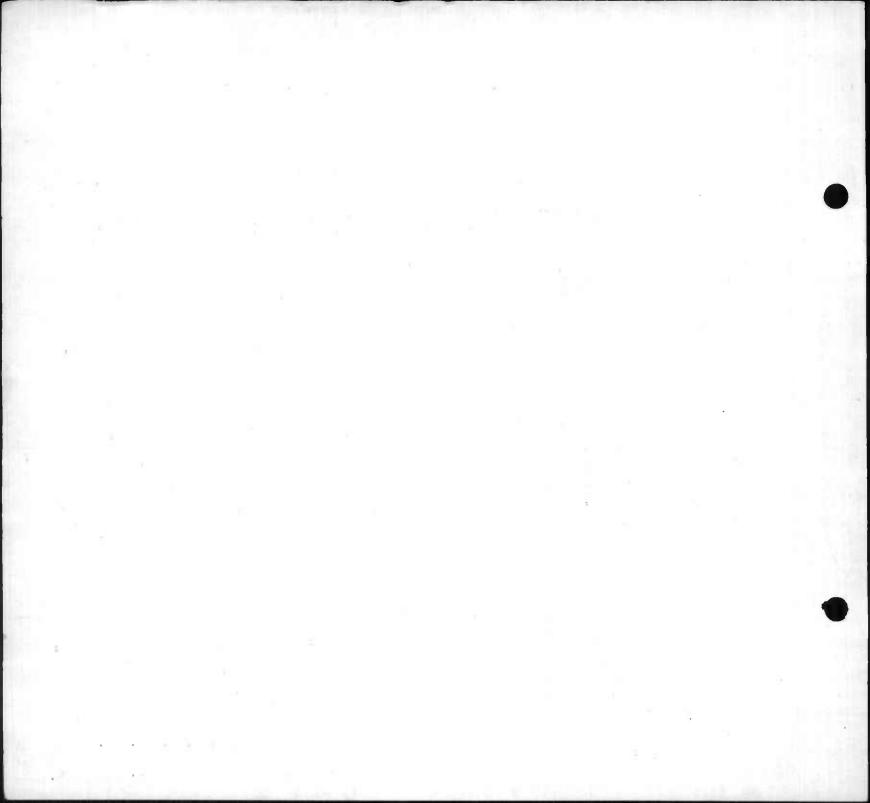


W-53.4

66 00458 BALTIMORE CITY HEAD	LTH DEPARTMENT 66 00458
BIRTH NO. MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH Registered No.
M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
MILLIE MANDLER NELLIE	January 12, 1966 9:35 A M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution residence before admission)  A. STATE  B. COUNTY
FOUL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland /34
HOSPITAL OR IN ADDRESS OR LOCATION	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
MISMORE THE AMENDED	Baltimore
1/19/66	D. STREET ADDRESS (If rurol, give location)
Hopkins Hospital	7407 Brookwood Ave.
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years of If Under 1 Yr, If Under 24 Hrs.
female white WIDOWED, DIVORCED (specily)	0 2 700-
Widowed  10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR'	8-5-1887 78
done during most of working life, even if retired)	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Housewife Housewife	Baltimore Md U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John L. Stone	Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no grunknown) (If yes, give wor or dates of service) SECURITY NO.	21 01 2 21 21 22
	Mr Charles Mandler 7407 Brookwood Av
18. 4 2 2 1 1 CAUSE	E OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH (A) Arter	riosclerotic cardiovascular disease
(This does not mean the made of dying e.g., heat failure, asthania, etc. It means the disease, injury or complication which caused death.)	
injury or complication which caused death.)	
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g.,	in or about 21C. WHERE DID (If in Bollimore City, give exact lacation)
O UNDERLYING OR CONTRIB- home, farm, foctory, street,	office bldg., INJURY OCCUR?
OF INJURY (Month) (Doy) (Year) (Houri 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.)  WHILE AT NOT WORK AT W	WHILE OF THE STATE
22.	
I certify that I held an Inquiry Inspection Au	tapsy and that an this basis, death In my apInlan
resulted fram: Matural causesty Accident 🗸 Suicid	le Hamlcide Undetermined manner
	CHIEF MEDICAL EXAMINER
ACTUAL ( ) ACTUAL ( )	DATE SIGNED
SIGNATURE M.D	
Rudiger Breitenecker, M.D.	ASSOCIATE MEDICAL EXAMINER
23A. BURIAL CREMATION, 23B. DATE 23C. NAME OF CEMETERY	or CREMATORY 23D. LOCATION (City, town, or county) (Stotel
REMOVAL (Specify)	
Burial   1-15-1966   Parkwood Ceme	
AM AM	24C. FUNERAL DIRECTOR ADDRESS (3())
JAN 17 1966 ( D. 6 & Fally M.)	Stored F. Olle number
VS 151-REV. 1/1/65	O de la come de la constante d

VS./14#/814// vs 153 signed by funeral director

	00	BALTIMORE CIT	Y HEALTH DEPARTMENT	. /	
	H NO. 66 ()	CERTIFICA	ATE OF DEATH	Registered No.	SE DEMSO
1, N	AME OF DECEASED			ND HOUR OF DEATH	R' (III )
		WILLIAM SCH	UDER	1-19-66	12:25 PA stitution; rosidonce before odmission
3. P	LACE OF DEATH IN BALTIMORE, MA	RYLAND	IIA. STATE B. COU	NTY	stitution; rosidonce before admission
	ULL NAME OF (If not in hospital oddress or location	or institution, give stroet	MARYZA		HH
	NSTITUTION		C. CITY OR TOWN (III o		RURAL ond give township)
2	PRANKLIN S	QUARE HOSPITAL	D. STREET ADDRESS (	rurol, give location)	2400
)		7,007,777	7700 K1	GI POINT	ROAD
5. S	EX M 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH  12/12/08	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work during most of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stole or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
Jone	FOLE HAN	RAIL ROAD	MARYLAN	20	U.S.A.
3. [	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
	FRANK SCHO	DEE	EL121	BETH C	ASPER
	Nos Doceosed Ever in U. S. Armed Fore		17. INFORMANT		ADDKESS
	No	320001111101	MEDIO	CAL PEC	ORDS
	18. 16 Q. 1 I	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIR	ECTLY	Paralessa a Til	. 0.	
	LEADING TO DEATH (This does not mean the made of	dving e.g. DUE TO	BRONCHO GENY (OXT CELL TY) LUNG & L	AT ) - C/B	5 MOS.
	heart failure, asthenia, etc. It means injury at camplication which caused	the disease,	(OXT CELL TY)	et (E	
	ANTECEDENT CAUSES	(B)	LUNG E	DIDESPRE	A2
	DISEASES OR CONDITIONS, if	DUE TO	HETASTASIS		
	tise to the above cause (A) UNDERLYING CONDITION last.			00000000000000000000000000000000000000	
NO	OTHER SIGNIFICANT CONDITIONS C				
AT	TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING I				
CERTIFIC	19A. DATE OF OPERATION 19B. CON WAS PERF	DITION FOR WHICH OPERATION FORMED	20A. AUTOPSY? (Yes or h	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
CAL CE	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify modical examinat)	21B. PLACE OF INJURY (e.g., homo, form, foctory, street, etc.)	in or obout 21 C. WHERE DID office bldg. INJURY OCCUR?	(If in Boltimore	City, give exect location)
5	21 D. TIME (Month) (Doy) (Year) OF INJURY	(Hour) 21E, INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
ME	(APPROX.)	While At Work Not W	nile 🗆		
	22. I certify that (I) (this hospital		1-12	19 66 to	1-14 19 66
	that (1) (we) last saw the decease		19 66 and t		nian death accurred an the da
	and hour and from the causes stat				
	23A, SIGNATURE				23B, DATE SIGNED
	facento 1.	de BORIF M.D. A	ttonding Med. Director	Stoff Phys.	1-14-66
	23C. BAYSICIAM'S	Re BORSA M.D. A.	23D. ADDRESS		C
					PARE HOSP.
24A	REMOVAL (Specify) 24B. DATE	24C. NAME of CEMETERY of C	REMATORY 24D.	LOCATION (C	ity, town, or county) (Stote)
	Burial 1 18 19		.11 Br	ooklyn, A. A	. Co. Md.
25A	JAN 1 7 1966	258. NAME OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS
_	7000	0 / 0	Mc Cully	1	30 E. Fort ave.
٧5	150-REV. 1/1/65	1 6 6 6 11	00000	1	



pital and of death Deceased

contributing cause

cause; (5)

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the chief medical examiner FUNERAL DIRECTOR:

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### BALTIMORE CITY HEALTH DEPARTMENT

MARYLAND

C. CITY OR TOWN

BALTIMORE
D. STREET ADDRESS

A, STATE

Regi	stere

(If outside city limits,

(If rurol, give location)

Registered	00	131	140	
Registered	No.	171	Q D	

CERTIFICATE OF DI	EATH	Regist	ered Na.	E) []]	Igni	1	
	Jan 1				1	in	30
4. USUAL RESID				nstitution:	residence	before	odmi s si

		VO	n	n	M	riell	1
PLACE	OF	DEATH	IN	BAL	TIMORE,	MARYLAND	

M.E. CASE NO.

.7.1

(Type or Print)

3.

5. SEX

MALE

12 EATHERS NAME

FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or tocotion) INSTITUTION

BALTIMORE CITY HOSPITALS 4940 EASTERN AVENUE

BALTIMORE, MARYLAND MARRIED, NEVER MARRIED 4940 EASTERN AVENUE

9. AGE (In years lost birthday) B. DATE OF BIRTH If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours Min. Hours 4-28-12

IDA. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) done during most of working life, even if retired)

NEVER MARRIED

WIDOWED, DIVORCED (specify)

12. CITIZEN OF WHAT COUNTRY? NORTH CAROLINA U.S.A. 14. MOTHER'S MAIDEN NAME

CHALMER

DAV.		mo	NE	16
15. Was Deceos	ed Ever in	n U.S.A	rmed Force	s?
(Yes, no or unkno	wn) (If ye:	s, give wo	or or dotes	of service

NEGRO

6. RACE

6. SOCIAL SECURITY NO. 240-26-2062 17. INFORMANT RECORDS:

CAUSE OF DEATH

ADDRESS

INTERVAL BETWEEN

ONSET AND DEATH

WWIL DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., hearl failure, asthenia, etc. II means the disease, injury ar complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

BCH 4940 EASTERN AVENUE #21224

Pulmonary	embali
will will be	Elina-inc

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No)

208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21B. PLACE OF INJURY (e.g., in or about 27C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR?

CERTIFI 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined MEDIC.

21 E. INJURY OCCURRED Not While

Janli

21F. HOW DID INJURY OCCUR?

(Month) (Doy) (Year) (Hour) OF INJURY (APPROX)

that(1)(we) last saw the deceased alive an....

While At Work 22. I certify that (1) (this hospital) attended the deceased fram____

1966

Med.

Director _

19 63 to Jan 11 and that in (my) (aur) apinian death accurred an the date

(If in Bolfimore City, give exact location)

and have and from the causes stated abave. (1) (We) (Gid) (did not) view the bady after death.

25B. NAME OF REGISTRAR

etc.)

23 B. DATE SIGNED

23A. SIGNATUR 23 C. PHYSICIAN'S NAME (Type)

Attending Phys. 23D. ADDRESS

TUCKER

M.D. 24C. NAME of CEMETERY of CREMATORY

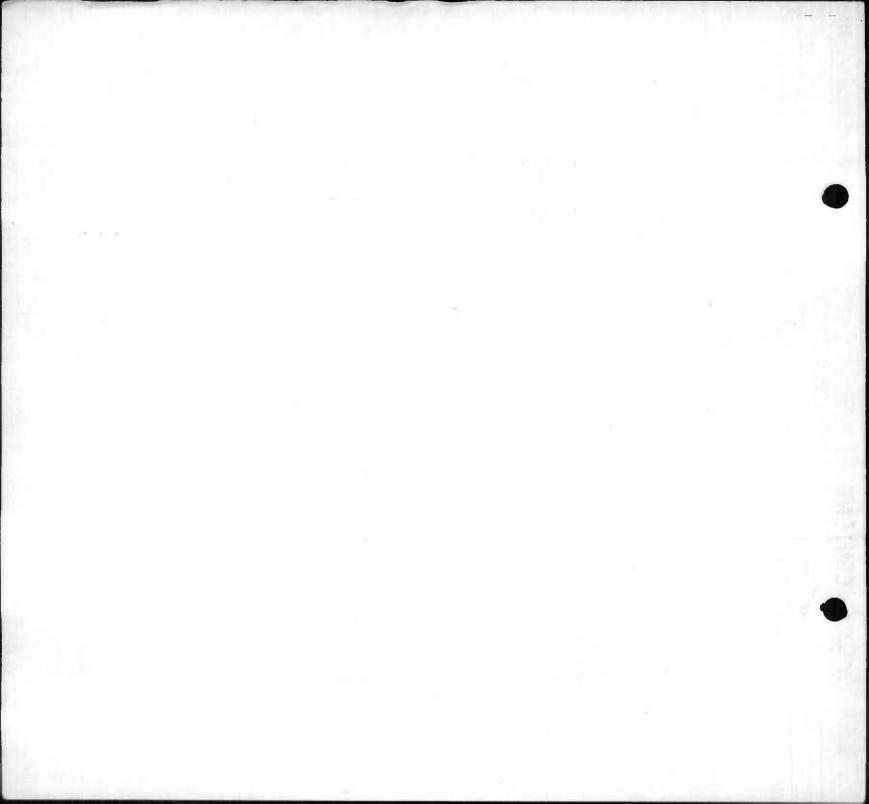
M.D.

4940 EASTERN AVENUE #21224

24A. BURIAL CREMATION, 24B. DATE

VS 150-REV. 1/1/65

25C. FUNERAL DIRECTOR ADDRESS
Manhan Phayer (38 N 612 m & T



			4.73	BALTI	MORE CITY	HEALTH DEPA	RTMENT		de r	0/61	
	TH NO.	66 00	1401	CER	TIFICA	TE OF DI	EATH	Registered No		7(7-1())	
1, N	AME OF DECEASED						2. DATE A	AND HOUR OF DEAT	Н		
		ORIN		RBERT	F	RANCIS	JAN	, , ,		11:	05A M.
3. 1	LACE OF DEATH IN	BALTIMORE, MA	RYLAND			4. USUAL RESIL	B. COU	nere deceased lived. If INTY	institution	: residence before	admission
	FULL NAME OF	(If not in hospital oddiess or location		give stieet		MD			(A)	- LL	
	NSTITUTION					BALT IM		outside city limits, writ	e KUKAL	ond give township	
	ST AGNES	HOSPITAL				D. STREET ADD	RESS (1	If rural, give location)	C.,		
4	40					1304		ROAD			
5.	M	N	WIRAKI	RRIED MAR	(specify)	5-13-18	8	9. AGE (In years lost birthdoy)	If Un Month	der 1 Yı. If Un S Doys Houis	der 24 Hrs. Min,
	USUAL OCCUPATIOn during most of working		1				(State or fo	reign country)		ITIZEN OF HAT COUNTRY?	
	CLERK		Calv	ert Dis	stille	ry MAI	RYLAN	D		USA	
13.	FATHERS NAME	77				14, MOTHER'S A			D		
		Florin					IZABE	TH SOLLNE	K		
15. (Ye	Wos Deceased Ever in s,no of unknown) (If yes	U. S. Armed For , give wor or date	ces? is of servicel	1 6. SOCIAL SECURITI	NO. 52/3/	ST AGN	ES HO	SPITAL CA	TON 8	WILKEN	S AVE
-	18. 41 20.	11	-	30 /d. C	CAUSE O	F DEATH				INTERVAL BET	
		CONDITION DIR	RECTLY		^	, ,1	4.5	1 TO	f.	ONSEL AND	DEATH
	(This does not me	NG TO DEATH	dvina. e.a.	(	A) HCU	te Mya	cardi	al Infanc	tion	1 h	3
	heart failure, asther	ia, elc. Il means	the disease	1,		-			- 1		
		EDENT CAUSES		(	B) Arte	io-sclero	rtic (	Cardio-Vasc	ular		
	DISEASES OR CO	INDITIONS, il	any, giving	(	OUE 10 D	isease					
	rise to the aba		stating the	8 (	C)						
		11									
ATION	OTHER SIGNIFICAN				D :	, -	-				
	DISEASE OR CONO	TION CAUSING I	IT.	WHICH OPER		TILM NUTORS	rem	ONS Not 208, IF YES, WER	E FINDING	CE CONSIDERED	
CERTIFIC	DATE OF OPER	WAS PERI		WHICH OFEK	ATION	YE		IN CERTIFYING	AUSES O	F DEATH?	
CER	21 A. ACCIDENT WA	S UNDERLYING		B. PLACE OF IT	NJURY (e.g., i	or about 21 C. W	HERE DID	(If in Boltim	nore City,	give exact locatio	nl
CAL	OR CONTRIBUTING [ DEATH (notify medic	ol exominer	eto		ily, stieet, of	fice bldg., INJURY	OCCUR:				
EDI	21 D. TIME (Mont	hi (Doyl (Yeorl	(Hourl 21	E. INJURY OC	CURRED	21 F. H	OW DID IN	NJURY OCCUR?			
8	(APPROX.)			hile At	Not Whil At Work						
	22. I certify that (	l) (this hospital	l) attended	the deceased	fram DE	C 30		19 65 to	JAN	7	19 66
	that (I) (we) last s						and 1	that in(my) (aur) a			
	and haur and fram	the causes stat	ted abave.	(1) (We) (did)	(did nat) v						
	23A. SIGNATURE	1 6							23 B, D	ATE SIGNED	
	Wex	liano	7		M.D. Atte		Ned. Pirector	Stoff Phys.		1/7/66	
	23C. PHYSICIAN'S NAME (Type)	1				230. ADDRESS				1 100	
	W	E. SIG	NOR		M.D.	CATON 8	S WIL	KENS AVE.			
24/	REMOVAL (Specify)	N, 248. DATE	24C. N	AME of CEMI	ETERY of CRE	MATORY	24D.	LOCATION	(City, town	, or county)	(Stote)
	Burial	Jan.13		Loudo			1	altimore,			
25/		ALTH DEPT.	25B. NAME	OF REGISTRAR		25C. FUNERA			Car	rville A	ve.
1		366 Palses	W 5.10	Chi stan Indi		O Gorth	has k	enny 5646	Jai		
VS	150-REV. 1/1/65							3			

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## This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

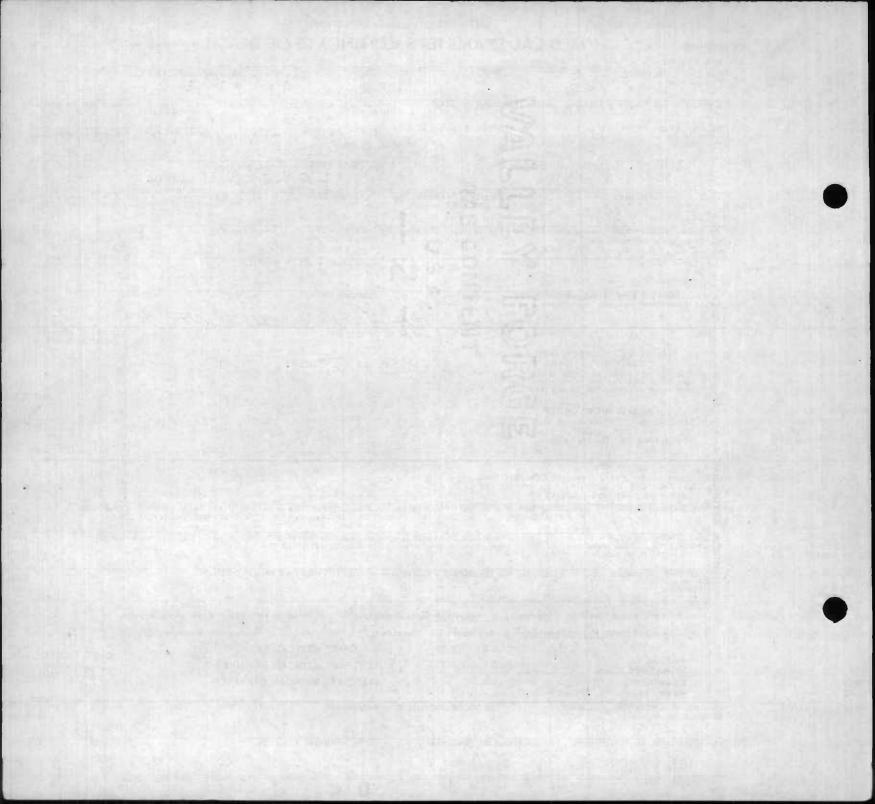
			HEALTH DEPARTMENT		
BIRTH NO.	66 00463	CERTIFICA	TE OF DEATH	Registered No	6 00462
M.E. CASE NO.			2. DATE	AND HOUR OF DEAT	н
(Type or Print)	e Dehble		1/1	4/66	17.05 A M
3. PLACE OF DEATH IN B.	ALTIMORE, MARYLAND		4. USUAL RESIDENCE (WA. STATE B. COL		institution: residence before admission)
HOSPITAL OR od	not in hospitol or instituti dress or location)	on, give street	c. CITY ON TOWN III	outside city limits, write	RURAL and give township)
Sinai Hospital &	t Baltimore		D. STREET ADDRESS	(if rural, give location)	
42			2711 ST. Paul	-ST:	
5. SEX 6. RACE	/ WIDO	HED, NEVER MARRIED WED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
7	al b	arried De la land		62	120 617771 67
done during most of working life		OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	4-	my foget	COBLESKIA 14. MOTHER'S MAIDEN N	AME	wind.
EVERET	T DIBB	LE		RAY-	
15. Was Deceased Ever in t	J. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	. ,	ADDRESS
(Yes, no or unknown) (If yes,	give wor or doles of servi	SEGURITY NO.	ELSA DI	BBLE-2711	St Paul St.
18. 330 X		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	ONDITION DIRECTLY	EXAMINE EXAMINED	barachorel &	lander land	ONSEI AND DEATH
	the made of dying, etc. It means the dise	g. Q. DUE TO	viciperate p	2002000	
hearl failure, asthenia injury ar camplication	which caused death.	050E /	4		
ANTECE	DENT CAUSES	W (B) WE	pulmain frage	us by his.	
DISEASES OR CON	DITIONS, if any,	ving St. DUE TO			
rise to the above	cause (A) Stating	The K (C)	99 x prof x x 0 0 0 0 0 0 x 0 x x 7 0 0 x 0 x x x x		
ONDERETING COND	THON IGSI,	E	<u> </u>		
OTHER SIGNIFICANT OF TO THE DEATH E	CONDITIONS CONTRIBUTION TO THE CONTRIBUTION OF RELATED TO THE CONTRIBUTION CAUSING IT.	TINE			
	ON 198 CONDITION F		20A. AUTOPSY? (Yes) or	No. 20B. IF YES, WERI	E FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING	UNDERLYING CAUSE OF	21 B. PLACE OF INJURY (e.g., i	n or about 21 C. WHERE DID	(If in Boltime	ore City, give exact location)
DEATH (notify medical		etc.)		No	
21D. TIME (Month)	(Doyl (Year) (Hour)	21 E. INJURY OCCURRED	21F, HOW DID I	NJURY OCCUR?	
S (APPROX) No		While At Work Not While Work	· U		
22. I certify that (1)	(this hospital) attend	ed the deceased from	1/13/66	19 66 to	2/14/ 1986
	w the deceased alive	. /	19 86 and	that in ( <del>my)</del> (our) o	pinian death occurred an the dote
		e. <del>(1)</del> (We) (did) <del>(did mat</del> ) v			
23A. SIGNATURE	101				23B. DATE SIGNED
Pobert	L Hander	ugu M.D. Att	ending Med. Director	Stoff Phy s.	1/14/86
23C. PHYSICIAN'S NAME (Type)	1 //	M.D.	23D. ADDRESS	1 +1 in.	4.
24A. BURIAL CREMATION,		ERGER	EMATORY 240	TENUE OF THE	City, town, or county) (State)
Burial (Specify)	1/17/66 0	Evergreen F	Vereley &	efferson	n.y.
25A. DATE REC'D BY HEAD	TH DEPT. 258. NA	ME OF REGISTRAR	25C. EMPERAL PIRECT	TO P	ADDRESS COUR

O No.

BIRTH NO. 66 UU	12 5 1	TE OF DEATH Registere	ы No.66 00463
M.E. CASE NO.  1. NAME OF DECEASED (Type or Pnnt)  PENSYL.	GUY WILLIA	2. DATE AND HOUR OF I	
3. PLACE OF DEATH IN BALTIMORE, MARYLA		4. USUAL RESIDENCE (Where deceased live	
		A. STATE B. COUNTY	
FULL NAME OF (If not in hospital or in HOSPITAL OR oddress or location)	nstitution, give street	MARYLAND AND	NE ARUNDEL
INSTITUTION	LIOCDITAL	C. CITY OR TOWN (If outside city limits, PASADENA	write KURAL and give fownship)
ST. AGNES	HUSPITAL	D. STREET ADDRESS (If rurol, give locate	5 2-6-
1/0			
4		272 BODKIN AVE.	RT 10 Box 272
MALE WHITE	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 1-28-06 9. AGE fin yeo lost birthdoyl 59	Months Days Hours Min,
10A, USUAL OCCUPATION (Give kind of work 10B done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Contracting	PENNSYLVANIA	
ELECTRICIAN  13. FATHER'S NAME	Contracting	14. MOTHER'S MAIDEN NAME	U.S.
WILLIAM PENNSYL		unknown	
	1/ 40		405000
15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of		17. INFORMANT	ADDRESS
NO	178054516	ST. AGNES RECORDS .	-CATON & WILKENS AV
1B. 420, 11	CAUSE O		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECT	TLY		ONSET AND DEATH
LEADING TO DEATH	(A) their	e Extensive Futer-o-lat	eval 2 werks
(This does not meon the mode of dy	ing, e.g., DUE TO	e Extensive Fufer-o-lat Myocardian 7	wfaretio-
heort foilure, osthenio, etc. It means the injury or complication which coused dec	olh.)	1 1	
ANTECEDENT CAUSES	(B) 61	d Auterion MI	. Gyears
DISEASES OR CONDITIONS, if ony	DUE TO	1	
ise to the obove couse (A) sto	oling the (C) A	rteriosclerosis - Gen	eralized
UNDERLYING CONDITION lost.			
OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TRIBUTING D TO THE		
DISEASE OR CONDITION CAUSING IT.	ON FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 20B. IF YES,	WERE SINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORE		YES IN CERTIFYII	NG CAUSES OF DEATH?
U 21 A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g.,	n or about 21 C. WHERE DID (If in	Boltimore City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, o	ffice bldg., INJURY OCCUR?	
0	* * 4		
OF INJURY (Month) (Doy) (Yeor) (H		21F. HOW DID INJURY OCCUR?	
(APPROX)	While At Work At Work		
22. I certify that (I) (this haspital) a	ttended the deceased from	JANUARY 2 1966 to	TO JANUARY 14 66
that (I) (we) last saw the deceased a			ur) apinian death accurred an the dat
			or, springing decin decorred on the dat
and have and from the causes stated	abave. (I) (We) (did) (did nat)	riew the bady after death.	
23A. SIGNATURE	( o T	AAnd - C. U	23B. DATE SIGNED
turk .	apolito many. All Phy	s. Med. Sloff Phys.	145 m 66
23C. PHYSICIAN'S NAME (Type)	V	23D. ADDRESS	•
1,75	M.D.		
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY of CR	EMATORY 24D. LOCATION	(City, town, or county) (State)
REMOVAL (Specify)			neura sibe to
Burial Jan. 17, 19			e, Maryland
	B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
JAN 1 7 1966 (P. P. At	E Strailson M. II ()	George J. Gonce, 400]	
VS 150-REV, 1/1/65		Balt	imore, Md.

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BIRTH NO. MED	ICAL EXAMINER'S C	TH DEPARTMENT	DEATH Registe	66 00464
M.E. CASE NO.	ICAL EXAMINERS C	EKTITICATE OF	DEATH	
1. NAME OF DECEASED			ND HOUR PRONOUNC	ED DEAD
(Type or Print) WEBSTE	COOPE	R Se. Jan	uary 12, 1966	6:15 P
3. PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If inst B. COU	itution: residence befare admission)
FULL NAME OF (IF NOT IN HOSPIT HOSPITAL OR ADDRESS OR LOCALINSTITUTION	AL OR INSTITUTION, GIVE STREET ATION)	C. CITY OR TOWN (If outs	1	RURAL and give township)
1607 N. Longwood	Street	Baltimor	al, give location)	200
90		160/ N.	Longwood Stre	eet
5. SEX 6. RACE Negro	7. MARRIED, NEVER MARRIED WIDO WED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
Male Negro	LAND OF RUSINESS OF INDUSTRY	11. RIPTHPI ACE (State or love	69	12. CITIZEN OF
dane during most of working life, even if retired)	MOUING VAN CO	Broton M	P. 35	WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ΛE	
LEMORE WALK	t R	I DA		
15. WAS DECEASED EVER IN U.S. ARMED		17. INFORMANT		ADDRESS
1 2)	212-09 0946	JOSEPH. J. Com	NEW NEW	you way.
18. / 63 X	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DE				ONSE! AND DEATH
(This does not mean the made of heart failure, asthenia, etc. It means injury at complication which caused  ANTECENDENT CAUS!  DISEASES OR CONDITIONS, IF / RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAST.	dying e.g., DUE TO so the disease, death.)  ES (B)  ANY, GIVING DUE TO TAING THE	noma of Lung.		
Z	(C)			
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CON	LATED TO THE			
19A. DATE OF OPERATION 19B. CON WAS PER		20A. AUTOPSY? (Yes at No	IN CERTIFYING CAU	
Q 21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	21B. PLACE OF INJURY (e.g., hame, fam, factory, street, c etc.)	in ar about 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Baltimare City, gi	ve exact lacotion)
21D TIME (Manth) (Day) (Year OF INJURY (APPROX.)	WHILE AT TO NOT	21 F. HOW DID IN	JURY OCCUR?	
22,	m. WORK LATW			
certify that I held an			his bosis, death in n	
resulted from: Natural ca	uses X Accident Suicid		Undetermined monne	er 🔛
ACTUAL ( )		CHIEF MEDICAL E		DATE SIGNED
SIGNATURE LA	iles I city M.D.	ASSISTANT MEDICAL	Automa.	1/13/66
EXAMINER'S NAME (Type) Charles	S. Petty, M.D.	ASSOCIATE MEDICAL	EXAMINER	2/ 25/ 00
23A. BURIAL CREMATION, 23B. DATE	23C. NAME of CEMETERY	CREMATORY 23D.	LOCATION (City,	, town, or county) (State)
REMOVAL (Specify)		/	acre my	2,225
JAN 17 1966 P. C.	24B, NAME OF REGISTRAR	24C. FUNERAL DIRECTO	OR ON A	ADDRESS
	A S COURT	Man hans	1 Hanses	SSN6, LMORS



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hospital

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BALTIMORE CITY HEALTH DEPARTMENT 66 00465 Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 1, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) BIDDINGER, ANN IE -14-66 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) B. COUNTY MARYLAND FULL NAME OF HOSPITAL OR (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION ST. AGNES HOSPITAL D. STREET ADDRESS (If rural, give location) made. GLEN AVENUE 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 24 Hrs. If Under 1 Y 1. Months Doys WIDOWED, DIVORCED (specify) lost birthdoyl Hours FEMALE WHITE MARRIED disposition is 10A. USUAL OCCUPATION (Give kind of work) 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY? MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME SILAS MCKENZIE MOLLY DYSON 15. Was Deceased Ever in U. S. Armed Forces?
(Yes, no ar unknown) (If yes, give war ar dates of service) 17. INFORMANT ADDRESS 6. SOCIAL or final SECURITY NO. ST. AGNES RECORDS -CATON & WILKENS 213-09-6333 NO 18. 4 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY balmed LEADING TO DEATH (This does not mean the mode of dying, e.g., heart lailure, asthenia, etc. It means the disease, injury or complication which coused death.) em ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if ony, giving 10 Possible Sep rise to the above couse (A) stating the UNDERLYING CONDITION lost. the remains CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20 A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID hame, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) MEDIC/ obtained (Month) (Day) (Year) (Haut) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work Al Work 22. I certify that (I) (this hospital) attended the deceased from JANUARY 13. ...19 ...65 to ...... JANUARY 14 19 66 . that (1) (we) last sow the deceased alive an JANUARY 14 19 66 and that In(my) (our) opinion death occurred on the date and hour and from the couses stated above. (1) (We) (did) (did not) view the body ofter death. must 23A, SIGNATORE 23B. DATE SIGNED M.D. Attending Med. approval 20 PHYSICIAN'S 23D. ADDRESS deceased prior written approv NAME (Type) M.D 24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, lown, or county) (Stote) REMOVAL (Specify) GOOD SHEPHERI Ellicott City, Md 25A, DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS

F.C. HIGINBOTHOM, ELLICOTT CITY, MD

Lifet

- w. J

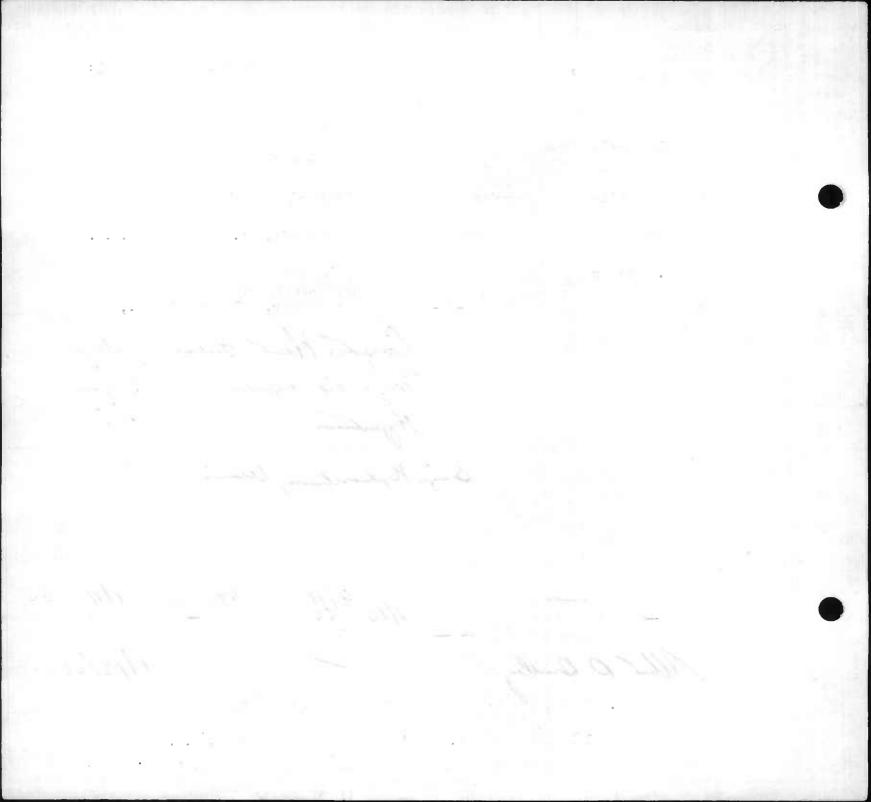
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310.53.7.21

Such

		BALTIMORE CIT	Y HEALTH DEPARTMENT		
BIRTH NO. M.E. CASE NO.		00466 CERTIFICA	ATE OF DEATH	Registered No	0.000
1. NAME OF DEC				AND HOUR OF DEAT	
,		RANK ANTHONY		ary 11, 196	
3. PLACE OF DEA	TH IN BALTIMORE, MA	ARYLAND	A. STATE B. COL	here deceased lived. If UNTY	institution: residence before odmissi
FULL NAME O HOSPITAL OR INSTITUTION	F (If not in hospital address or location	or institution, give street an)	C. CITY OF TOWN (IF	autside city limits, writ	e RURAL and give fownship)
Gould	Nursing Home			(If rural, give location)	
10			4112 Moravia		
male	White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married	B. DATE OF BIRTH  11/2/1891	9. AGE (In years lost birthday)	Months: Days Hours Min.
	JPATION (Give kind of wor warking life, even if retired)	108, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?
Engraver		Self Employed	Philadelphia.	Pa.	U.S.A.
3. FATHER'S NAM	AE	BOIL Zapioy ou	Philadelphia,	AME	UIDIR
	-				
Paul P. F	limaker		Sophie Koba		
5. Was Deceased Yes, no or unknown	Ever in U. S. Armed Fo	es of service) 16. SOCIAL SECURITY NO.	17. INFORMANT (nee McAllis	ter)	ADDRESS
no		218-03-21811	Anna Rumaker,		ia Rd. wife
18 / ) 0		7 7 7	OF DEATH	HILL HOLAV.	INTERVAL BETWEEN
1040	, / I	CAUSE	OF DEATH		ONSET AND DEATH
	E OR CONDITION DI	/	- 6/	12.0	1.1
	LEADING TO DEATH	(A) Co	raeshir Henry	Tarken	1 day
	al mean the made at	dying, e.g., DUE TO	7		7
	asthenia, etc. Il mean:		, ,		
injury or com	plication which caused	d dedin.)	mended July	retin	2 years
	ANTECEDENT CAUSES	S (B) DUE TO (	7		A
DISEASES	R CONDITIONS, if	0 /			V
	abave cause (A)		a franci		
	CONDITION lost.	Sidning 1116	<b>A</b>	n na Grilla G derde na derde de djedejsk gane sje na G delejksje en gejerkensepsycholensens d	
		U'			
OTHER SIGNI TO THE D DISEASE OR	FICANT CONDITIONS ( EATH BUT NOT REL CONDITION CAUSING	CONTRIBUTING Benning Me	uhroselusis;	Uremin	
OTHER SIGNI TO THE D DISEASE OR 19A. DATE OF	OPERATION 198. COL	NOTION FOR WHICH OPERATION	20 A. AUTOPSY? (YE's or		E FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBU	NT WAS UNDERLYING [ ITING CAUSE OF medical examiner)	21B. PLACE OF INJURY (e.g., home, form, factory, street, etc.)	in ar about 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltim	ore City, give exact location)
21 D. TIME	(Month) (Day) (Year)	(Hour) 21 E, INJURY OCCURRED	21F, HOW DID II	NJURY OCCUR?	
21 D. TIME OF INJURY		While At Not Wh			
(APPROX.)		Work At Wor	k 🗀 📗		/
22 1 11	.1 . (1) (.1		11/11	10 69	1/11
		il) ottended the deceosed from	12 9/11	17	196
that (I) (we)	lost sow the deceos	ed olive on	0 19.6.6 ond	thot in (my) (aur) o	pinlon deoth occurred on the c
ond hour one	from the couses sto	oted above. (I) (We) (did ) (did nat)	view the body after death	h.	
23A. SIGNATU			7	·	23B. DATE SIGNED
////	Inn	2		C	23d. D. Aye. STORED
1/1/1/2	1 Dhh	Allen M.D. A	Hending Med. Director	Stoff Phys.	11/2/66
23C. PHYSICIA	N'S		23D. ADDRESS		1.17-7
NAME (T	ype)				
	Dr. Albert	Bradley M.D	4900 Belair	Road	
24A. BURIAL CREA		24C. NAME of CEMETERY OF C	REMATORY 24D.	LOCATION	(City, town, or county) (State
Burial	1/14/6	New St. Mary's	Cometer	Bellmawr,	
			25C. FUNFRAL DIRECT	exhmer, N.J	224900A
JAN 17	1966 00 0	A 46 A	Schimunek Fu	neral Home,	Inc.
JAN 17	1966 P.O. S	25B. NAME OF REGISTRAR	Schimunek Fu 3331 Brehms	neral Home.	Inc. ADDRESS

VS 150-REV. 1/1/65



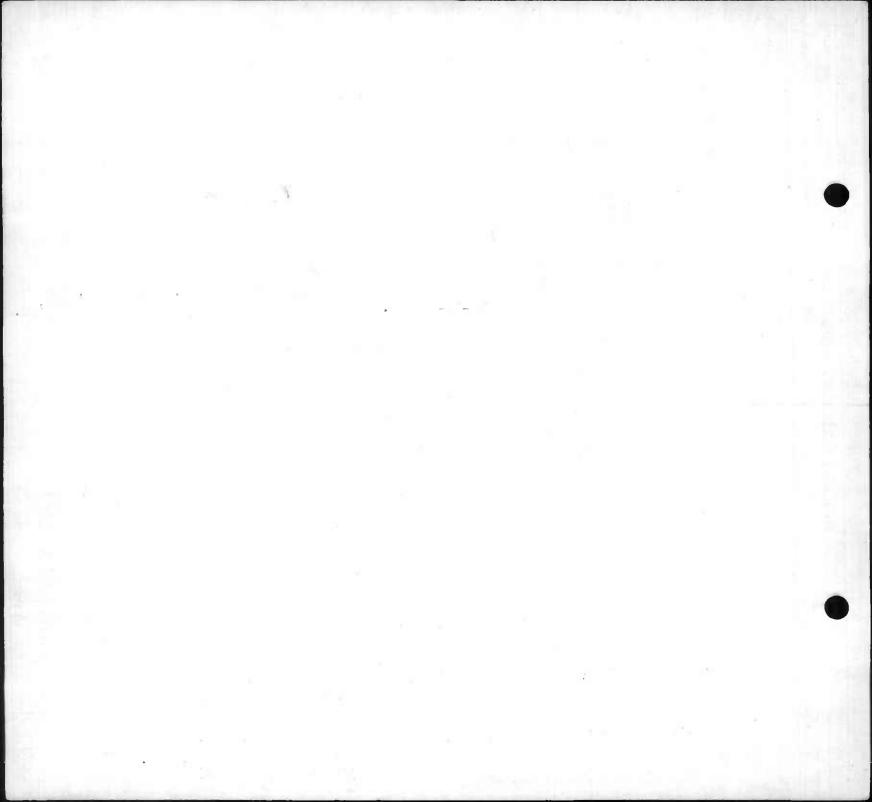
the bady was released to the haspital by a medical examiner. Also, if the direct ar contributing cause of death shaws: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pranaunced death was in regular attendance on the deceased priar to death); and (6) Na physician was in regular attendance an the deceased priar to death. Such written apprayal must be obtained before the remains are embalmed or final dispasition is made. This certificate must be approved by the chief medical examiner ar his assistant if death occurred in a haspital and FUNERAL DIRECTOR: IMPORTANT

	BALTIMORE CITY	Y HEALTH DEPARTMENT	
MRTH NO.	CERTIFICA	TE OF DEATH Registered No.	66 00467
I, NAME OF DECEASED Laus	ra Merlo (Donaldson	2. DATE AND HOUR OF DEAT  January 12,	1 - 1
3. PLACE OF DEATH IN BALTIMORE, MARYL	AND	4. USUAL RESIDENCE   Where deceased lived. If	institution: residence before admission)
FULL NAME OF (If not in hospital or in HOSPITAL OR oddress or location)	nstitution, give street	Md.  C. CITY OR TOWN (If outside city limits, write)	e RURAL ond give township)
Mel Char Nursing	g Home	D. STREET ADDRESS (If rurol, give location)	edale (Day)
90		7927 31st St.,	
	MARRIED, NEVER MARRIED WIDOWED, DIVORCED Ispecify) WIDOWED	B. DATE OF BIRTH 10/8/1875 9. AGE (In years lost birthday) 90	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work lost done during most of working tife, even if refired)  Coach Cleaner Page 100 A Cleaner	R. KIND OF BUSINESS OR INDUSTRY	Baltimore, Md.	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Christopher Co	olumbus Hardeste	er Anna Marie Mi	chell
15. Was Deceased Ever in U. S. Armed Forces' (Yes, no or unknown) (If yes, give wor or dotes cl	? 1 6. SOCIAL	17. INFORMANT Myrtle C. King, dght	. above
18. 4.2.2 / 1	CAUSE	DF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECT	TLY	1	ONSET AND DEATH
LEADING TO DEATH	(A) C	Mysselfoe Hears Voilere	2 dex-r
(This does not meen the mode of dy heart failure, asthenia, etc. It means the			
injury or complication which coused de	** *	erioscitostes Cardisperales Dias	204000
ANTECEDENT CAUSES	DUE TO	eres conservation the	20 4 Des
DISEASES OR CONDITIONS, if ony			
rise to the obove couse (A) sto	oling The (C)		
11			
OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TRIBUTING Creby Th	rempose with night theniplain	6 days
	ION FOR WHICH OPERATION	20A. AUTOPSY? (Pes of No.) 20B. IF YES, WEE	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID (If in Boltim office bldg., INJURY OCCUR?	nore City, give exact location)
21D. TIME (Month) (Doy) (Year) 11	Hour) 21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
S OF INJURY (APPROX.)	While At Not Whi		
	Work L At Work		6/
22. I certify that (this hospital) a	/\	1963 to y	executy low 1966
that (1) (aux) last saw the deceased of	nlive on Salkary 12	19_6-6 and that in(my) ()	pinion death accurred on the dat
and hour and from the causes stated	above. (1) (46) (did (did ot)	view the body after death.	
23A. SIGNATURE	4		238. DATE SIGNED
Atalan Hall	oubly, M.D. Att	Med. Stoff Phys.	1/2/4
23C. PHYSICIAN'S	1	23D. ADDRESS	7
NAME (Type)	M.D.	1170 = Batter & (	Rall 3 Mil
24A. BURIAL CREMATION, 24B. DATE	24C. NAME OF CEMETERY OF CE	REMATORY 24D, LOCATION	City, town, or county) 1Stote)
REMOVAL ISpecify)			
Burial 1/14/66	Gardens of Fa:		
25A. DATANET 7 1966 01. Leub	S. CAMEOF ROSERAR	Schimunek Funeral H 3331 Brehms Lane	ome, Inc.
VS 150-REV. 1/1/65	3 0 4 4	0 0 7	

# FUNERAL DIRECTOR: IMPORTANT

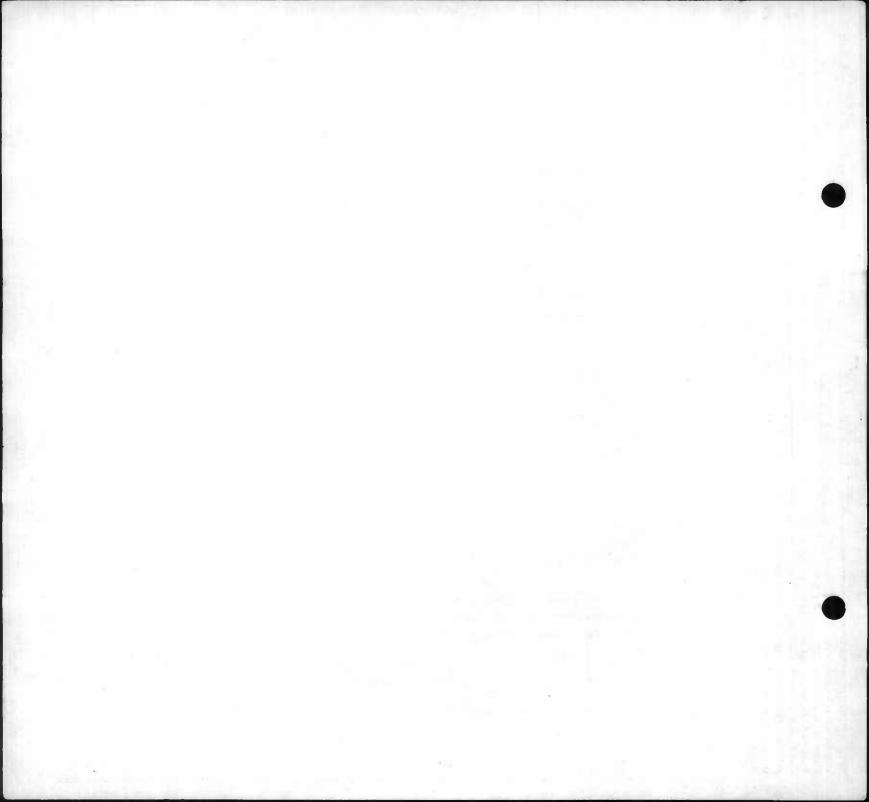
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

00 101		HEALTH DEPARTMENT		00 00100
BIRTH NO. 66 0046	CERTIFICA	TE OF DEATH	Registered No.	69 00468
M.E. CASE NO.  1. NAME OF DECEASED		2. DATE	AND HOUR OF DEATH	
(Type or Print) ANITA SOPHIE	= BOENNING		-13-66	4:35 Am.
3. PLACE OF DEATH IN BALTIMORE, MARYLANI		A. STATE B. COL	INIT	institutions residence before odmission)
FULL NAME OF (If not in hospital or institution) HOSPITAL OR address or location) INSTITUTION	ution, give street	C. CITY OR TOWN (II	outside city limits, write	RURAL and give township)
21 FRANKLIN SQUAR	or Hospital	BA 27 11		24
36 TRANKLIN SECA	7,007///2	D. STREET ADDRESS (		HIGHWAY
	RRIED NEVER MARRIED DOWED DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthdow)	If Under 1 Yr. If Under 24 Hrs. Months Days Haurs Min.
10A. USUAL OCCUPATION (Give kind of work 108, KI done during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY  Home	11. BIRTHPLACE (State or fo		12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME	HOME	14. MOTHER'S MAIDEN N	AAAF	0-3-X-
JOHN ROSENBE	RGER		ECC4 -	Eberline
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of se	16. SOCIAL SECURITY NO. 216-32-9795 B	Vernon Rosenb	erger 149 A.	Forge Road, Perry
18. 14. 30. /		OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		Mussan	101000	ONSET AND DEATH
LEADING TO DEATH (This does not mean the made of dying,	e.g. DUE TO	MYOCKEDIAL	INFARC	77010 3-70 1272
hearl failure, asthenia, etc. It means the di	sease,			710N 5-10 min?
injury or complication which caused death.  ANTECEDENT CAUSES	(B) C6	ORONARY +	HROHBOSKS	2-3 DAYS ?7
DISEASES OR CONDITIONS, if any, rise to the above cause (A) station UNDERLYING CONDITION last.				
OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING )T.				
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 208 IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.)	in or obout 21 C. WHERE DID	(If in Boltimo	ore City, give exact location)
Z1D. TIME (Month) (Doy) (Yeot) (Hou	While At Work At Work	21 F. HOW DID II	NJURY OCCUR?	1 - 81
22. I certify that (I) (this hospital) atte		1-10	19 66 to	1-13 1966
that (1) (we) last saw the deceased aliv	1 17			pinian death occurred an the date
and haur and from the causes stated ab			10	23B, DATE SIGNED
Janusta V- de	Boy: M.D. Att	lending Med.	Stoff Phys.	1-13-66
23C PHYSICIAN'S	Phy	23D. ADDRESS	Phys.	1,000
23C.PHYSICIAN'S NAME (Type)	DE BORSAM.D.	FRANKLI	w Saul	ARE HOSPITAL
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY of CR	REMATORY 24D.	LOCATION	City, town, or county) (Stote)
Burial 1/17/66	Oak Lawn Cemete	ry E	Baltimore, Ma	aryland
25A. DATE REC'D BY HEALTH DEPT. 258. N	AME OF REGISTRAR	Schimunek Fu	neral Home.	Inc. ADDRESS
JAN 17 1966 (P. P. S. S.	La O man	3331 Brehms	Lane #13	
VS 150-REV. 1/1/65	A STORY OF THE PARTY OF THE PAR	0 4 6		



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such

	BALTIMORE CITY	Y HEALTH DEPARTMENT		
BIRTH NO. 66 00469	CERTIFICA	TE OF DEATH	Registered No.	<del>G-00469</del>
	Mª G-lyNN	2. DATE ANI	HOUR OF DEATH	146 235 0
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	0 1 1.0 70	4. USUAL RESIDENCE (Where	deceased lived. If i	nstitution: residence before odmissio
FULL NAME OF (If not in hospital or institu	tion, give street	Md. E	BA I toma	RE
INSTITUTION				RURAL and give township)
BON Secoul	25	D. STREET ADDRESS (If it	ARE	53-00
34		109 AR	butus	Aue.
	OWED, DIVORCED (specify)	9-48-1884	AGE (In years	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work 108, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	in country)	12. CITIZEN OF
one during most of working life, even if retired)  AGENT-RET.  /	NSURANCE	NEW JER	/	WHAT COUNTRY?
3. FATHERS NAME		14. MOTHER'S MAIDEN NAM		
DANIEL MEG	(4111)	Eller	(ribeas	1
5. Was Deceased Ever in U. S. Armed Farces?	16. SOCIAL	17. INFORMANT	0	ADDRESS
Yes, no at unknown) (If yes, give war at dates of serv	158-01-4840	Mis Herry Free	mith -10	gabatus are,
18.331XI		OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		0-00. 110.		
LEADING TO DEATH (This does not mean the made of dying,	(A) CE	REBRO-VASO ACCIDENT	ULAR	a days.
heart failure, asthenia, etc. It means the dis	ease,	ACCIDENT		U
injury or camplication which coused death.)				
ANTECEDENT CAUSES	(B)	der versich die die der der der der der der der der der de	r Brake dar der der som som som sperificialframstrumsprograms som sperificial die state der som	
DISEASES OR CONDITIONS, if any, g	iving			
rise to the above cause (A) stating UNDERLYING CONDITION lost.	the (C)	99779997AAAAA39AAAAA8989AAA88888AAAA8889AA		
5.102.1011 (O11011 (O3),				
OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING THE			
DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.)	20B. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
U 21A, ACCIDENT WAS UNDERLYING	218 PLACE OF INTERVIOR	is at about 21 C WHERE DID	Of in Rollins	on City rive areast togetical
O 21A, ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF CONTRIBUTING Examiner	21B PLACE OF INJURY (e.g., hame, farm, factory, street, etc.)	office bidg., INJURY OCCUR?	(If in Politime	re City, give exact location)
Q 21D. TIME (Month) (Day) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
APPROX.)	While At Not Whi	ile 🗌		
	Wark At Work			
22. I certify that (I) (this haspital) attend	4 5 4		9 <u>6 5</u> to	1: 11: 1966
that (I) (we) last saw the deceased alive	an	19_ <u>6.6</u> and the	t in(my) (aur) ap	inian death accurred on the d
and haur and from the causes stated abo	ve. (I) (We) (did) (did nat)	view the bady after death.		
23A. SIGNATURE				23B, DATE SIGNED
Xavea Skaso	M.D. Att	rending Med. Director	Staff Phys.	
23C. PHYSICIAN'S	7	23D. ADDRESS	117 3- 🗀	
NAME (Type) LAURA SURY,	ANANDA KAO			
	M.D.			
24A. BURIAL CREMATION, 24B. DATE 2. REMOVAL (Specify)	4C. NAME of CEMETERY OF CR	EMATORY 24D. LO	CATION	City, town, or county) (State
Dayrial 1-14-66	Cathern	Cem.	Ballenn	in that,
SA. DATE REC'D BY HEALTH DEPT. 258. NA	ME OF REGISTRAR	25C EUNERAL DIRECTOR		ADDRESE
JAN 17 1966 OLLE &	Tacher Mile	Mark - (1	Punua I.	FIF GLOSTES A
'S 150-REV. 1/1/65	<del>} (                                   </del>	0 0	LANGADA! 1	11 000 Mestral



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approved

IMPORTANT FUNERAL DIRECTOR:

the chief medical examiner

66 00470 RIPTH NO M.E. CASE NO. 1, N (Tv

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

2. OATE AND HOUR OF DEATH

 			-
1	0	50	

tf Under 24 Hrs.

IAME OF DECEASE	0	
pe or Print)	MARGARET	BIGGS

1-12-66

Registered Na.

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

3. PLACE OF DEATH IN BALTIMORE MARYLAND

MARYLAND

C. CITY OR TOWN If autside city limits, write RURAL and give township

FULL NAME OF (If not in haspital or instilution, give street addings of location) INSTITUTION

BALTIMORE BALTIMORE D. STREET ADDRESS (If rural, give lacation)

JOHNS HOPKINS HOSPITAL

RT 121 Box

9. AGE (In years last birthday) If Under 1 Yr. Months: Doys Hours

5. SEX 6. RACE EMA-LE WHITE 7. MARRIED, NEVER MARRIED WIDQWED, DIVORCED (specify) MARRIED

6. SOCIAL

10A USUAL OCCUPATION (Give kind of workling, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

done during most of working life, even if retired) Waitress-Clerk

Restaurant & Laundry

4. MOTHERS MAIDEN NAME

Nash Co. North Carolina U.S.A.

13. FATHERS NAME

GEORGE BAYNES

15. Was Daceasad Ever in U. S. Armed Farcas

LULA BRANTLEY

B. DATE OF BIRTH

11-13-21

17. INFORMANT Route Box 121 #16.

(Yes, no or unknawn) (If yes, give war ar dates of service) SECURITY NO 237-30-4 Baltimore 20. Arthur L. Biggs. No CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY # probable CVA LEADING TO DEATH hours (This does not meen the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,

ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, to the obove couse (A) stoting the

OUE TO

П OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

198, CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No) 20B. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OEATH (natify medical examiner)

injury or complication which coused death.)

UNDERLYING CONDITION lost.

218 PLACE OF INJURY (e.g., in ar about 21C. WHERE DID hame, farm, factory, street, affice bldg., INJURY OCCUR? etc 1

(If in Baltimore City, give exact location)

MEDI 21 D. TIME OF INJURY (Month) (Day) (Year) (APPROX.)

(Hour)

21 E. INJURY OCCURRED While At Nat While 21F. HOW DID INJURY OCCUR?

22. I certify that (1) (this hospital) attended the deceased from

Wark

At Wark

1/12/ that (1) (we) last saw the deceased alive an and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death.

19

.....and that in(my) (our) aplnian death accurred an the date

23A. SIGNATURE

M.D.

Attending Phys.

Director

238. DATE SIGNED

AODRESS

23 C. PHYSICIAN'S NAME (Type)

Lee J. Silver

23D. ADDRESS e, Ma Hospital

24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)

24C. NAME of CEMETERY OF CREMATORY

24D. LOCATION

(City, town, or county)

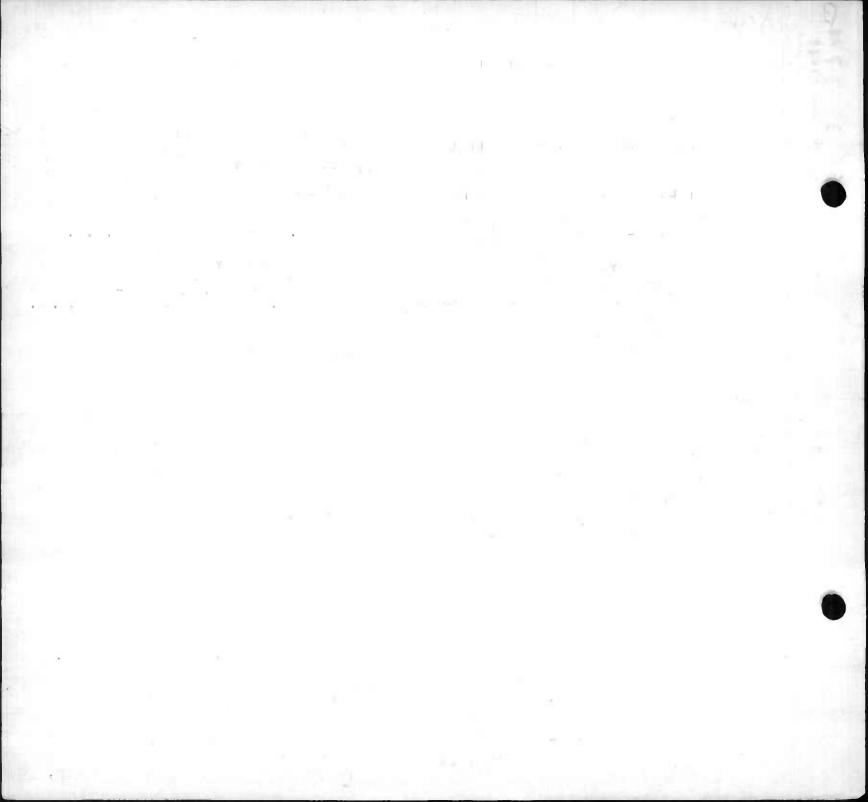
Burial 1-15-66

Angel Hill Cemetery 258, NAME OF REGISTRAN

Maryland

VS 150-REV. 1/1/65

uneral Home, Aberdeen, Md



FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY HEALTH DEPARTMENT Registered Na. CATE OF DEATH the Deceased Such and of death I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH PHILBERT (Type or Print) uo hospital death. 3. PLACE OF DEATH IN BALTIMORE MARYLAND USUAL RESIDENCE (Where deceased lived, If institution; residence R COUNTY ance (2) (If not in hospital or institutions gives Martylland cause FULL NAME OF ity limits, write RURAL and give township) INSTITUTION cause; attend 8 . = prior contributing E. Anfiteam Street 119 Hospital Undetermined is made. regular 7. MARRED, NEVER MARRIED S. SEX 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. eceased WIDOWED, DIVORCED (specify) ost birthdov Hours 12. CITIZEN OF WHAT COUNTRY? final disposition death done during most of working life, even if retired) Ξ U.S.A. INFANT CAMPELL KENTUCKY ŏ Was 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 4 ALPHIN Connie assistant eath 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no gi unknown) (If yes, give wor or dates of service) no 17. INFORMANT HAGERSTOWN MODDRESS 6. SOCIAL SECURITY NO. attendance NONE YOUNKER 119 E.ANTIETAM BLAIR Q INTERVAL BETWEEN any CAUSE OF DEATH pronounced OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed of LEADING TO DEATH fracture (This does not mean the mode of dying, e.g., heart failure, osthenia, etc. It means the disease. chief medical examiner regular injury or complication which coused death.) ANTECEDENT CAUSES who are DISEASES OR CONDITIONS, if any, giving 3 to the above cause (A) stoling the physician the remains UNDERLYING CONDITION lost. Mas medical CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION the 0 WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF the 218. PLACE OF INJURY (e.g., in or obout 21°C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) 3 where the hospital °Z MEDICAL DEATH (notify medical examined) etc.) nature; by obtained (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY approved Not While (except While At (APPROX) At Work Work and any 22. I certify that (1) (this haspital) attended the deceased from 99 that (I) (we) lost saw the deceased olive an... .19 ond that in(my) (our) apinian death accurred an the date of death) hospital and haur and fram the causes stated above. (i) (We) ((did))(did not) view the bady ofter death. must accident 23A. SIGNATURE 23 B, DATE SIGNED Attending Stoff M.D. Med. 0 Phys. Director Phy s. approval 0 23D. ADDRESS 23C. PHYSICIAN'S prior Was ŧ NAME (Type The Johns Hopkins Hospital D.O.A. 24A. BURIAL CREMATION. 24D. LOCATION eceased the body REMOVAL (Specify) ORCHARD RIDGE shows: HANCOCK WASHINGTON M ds 25A. DATE 25C. FUNERAL DIRECTOR ADDRESS VS 150-REV. 1/1/65

## contributing cause death direct or assistant if IMPORTANT or his A So. the chief medical examiner FUNERAL DIRECTOR: examiner. medical 0 to the hospital by approved

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cause; (5) Deceased

(4) Undetermined

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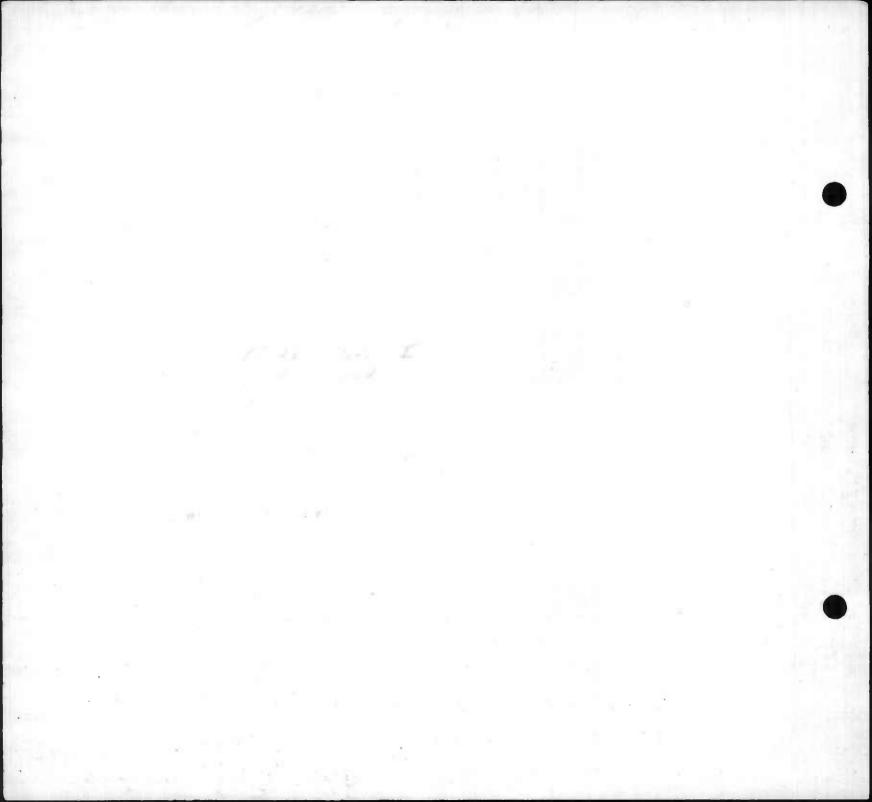
of

the body was released

certificate must

shows: (1) An accident

BALTIMORE CITY HEALTH DEPARTMENT. Registered Na.66 00479 CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. I NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 3. PLACE OF DEATH IN BALTIMORE MARYLAND USUAL RESIDENCE (Where deceased lived, if institution residence before admission) B. COUNTY mel FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION best larges 2 (If rurol, give location) 370 Finct Aug is made. 7. MARRIED, NEVER MARRIED 6. RACE B. DATE OF BIRTH 9. AGE (In veors If Under 1 Yr. Months: Doys 5. SEX If Under 24 Hrs. WIDOWED. DIVORCED (specify) Hours lost birthdov (some bill) 100 USIAL OCCUPATION (Give kind of work) OR KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF final disposition done during most of working life, even if retired) Ralta Maryland Rettined Cr. 4 E. USA 13. FATHERS NAME 14. MOTHERS MAIDEN NAME IInk Unk 15. Was Deceased Ever in U. S. Armed Forces?
(Yes, no or unknown)[(If yes, give wor or dates of service) 17. INFORMANT ADDRESS 6. SOCIAL SECURITY NO. lotige o No CAUSE OF DEATH INTERVAL BETWEEN 10 ONSET AND DEATH DISEASE OF CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the made of dying, e.g., heart foilure, asthenia, etc. It means the disease. injury or camplication which coused death.) ANTECEDENT CAUSES DUF TO are DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating the the remains UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 119B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) WAS PERFORMED before 218. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF City, give exoct locotion) MEDICAL DEATH (notify medical examiner) etc.) obtained 21D. TIME (Month) (Doy) (Year) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Hour) OF INJURY Not While While At (APPROX.) Work At Work 19 65 to 22. I certify that (1) (this hospital) attended the deceased fram 19 65 that (1) (we) last saw the deceased alive on ______ and that in (my) (aur) apinion death accurred an the date and haur and from the couses stated above. (1) (We) (did) (did not) view the bady after death. must 23A. SIGNATURE 23 B. DATE SIGNED Attending Med. M.D. Phys. Director written approval 23 D. ADDRESS 23 C. PHYSICIAN'S NAME-PType 0 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) BaltimoreMd Burial Lorraine 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS VS 150-REV. 1/1/65



the chief medical examiner

0

to the hospital

the body

pital and of death

contributing cause

hospital

BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH NETH NO. Such cause; (5) Deceased M.E. CASE NO. NAME OF DECEASED 2. DATE AND HOUR OF DEATH Type or Print LO EAGAN 3. PLACE OF DEATH IN BALTIMORE MARYLAND RESIDENCE (Where deceased lived, If institution; residence eath B. COUNTY ance MARYLAND Iff not in hospital or institution, give street FULL NAME OF HOSPITAL OR address or location) (If outside city limits, write RURAL and give C. CITY OR TOWN attend INSTITUTION HOSPITAL OF BALTIMORS prior (4) Undetermined made. regular 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. Months: Dovs 5. SEX eceased WIDOWED. DIVORCED (specify) tast birthday XXXX 73 MARRIED 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY HPLACE (State or foreign country) 12. CITIZEN OF disposition done during most of working life, even il retired) BALTIMORE Housewife Own Home UNITED STATES Mas 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the WILLIAM death LO 15. Was Deceased Ever in U. S. Armed Forces?
(Yes, no or unknown)(ff yes, give war or dates of service) 6. SOCIAL 7. INFORMAN final SECURITY NO attendance 7821 HUGIN EAGAN None 18. CAUSE OF DEATH 10 DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease. regular injury or camplication which caused death.) ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if any, to the above cause (A) stating the an the remains UNDERLYING CONDITION last. physician was physici CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes/or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION WAS PERFORMED before 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, farm, factory, street, office bldg., INJURY OCCUR? (If in Battimore City, give exact location) ere °Z MEDICAL DEATH (notify medical examiner) etc. any nature; £ } obtained 21 D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 (except While At Not While I (APPROX.) Work At Works and 22. I certify that (1) (this haspital) attended the deceased fram 19 66 that (1) (we) last saw the deceased alive an and that in (my) (aur) apinion death accurred on the date death) hospital and haur and from the causes stated abave. (1) (We) (did) (dld not) view the body after death. must accident 23A. SIGNATURE 23B. DATE SIGNED Attending Phys. Med. Director Stoff M.D. 9 Phys. written approval ō 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS prior ŧ TLLAN STEPHEN LAND D.O.A 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY eceased (City, town, or county) REMOVAL (Specify) shows: Baltimore, Md. Burial 1/15/66. Parkwood Cemetery Was 25B AMT OF EGISTAR 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR Leonard J. Ruck Inc. Balto. Md. 21214 VS 150-REV. 1/1/65

before odmission)

If Under 24 Hrs.

Hours

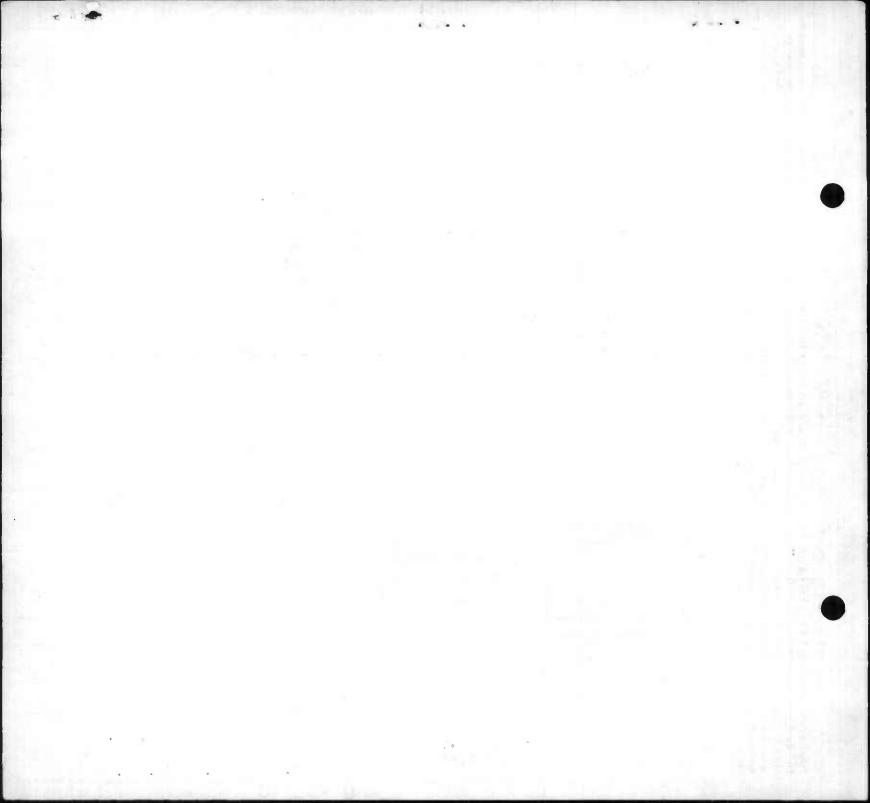
DANIEL

INTERVAL BETWEEN

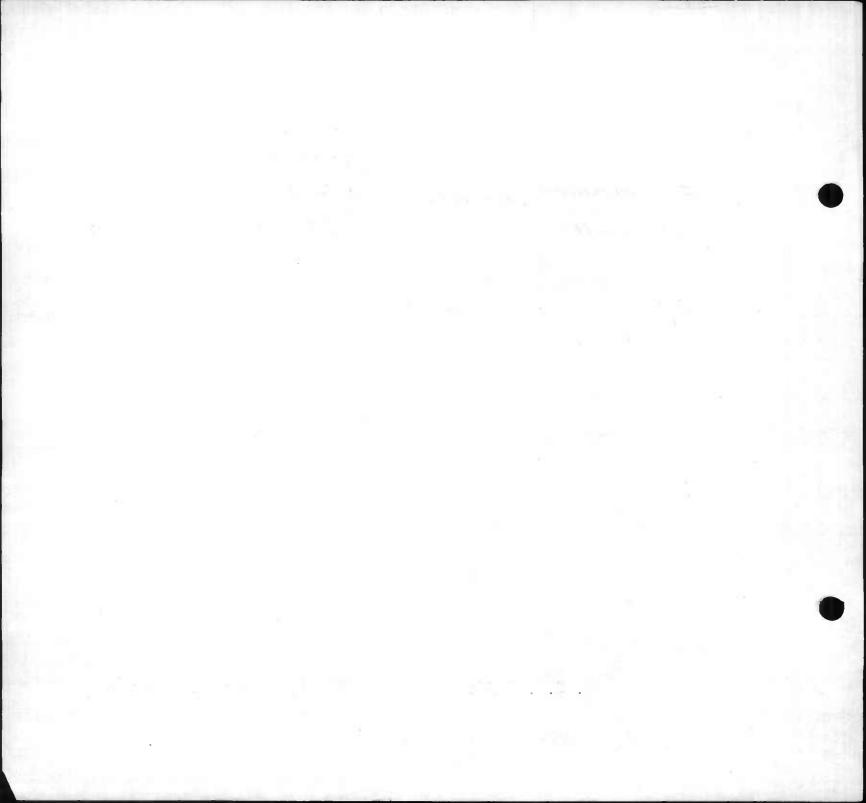
ONSET AND DEATH

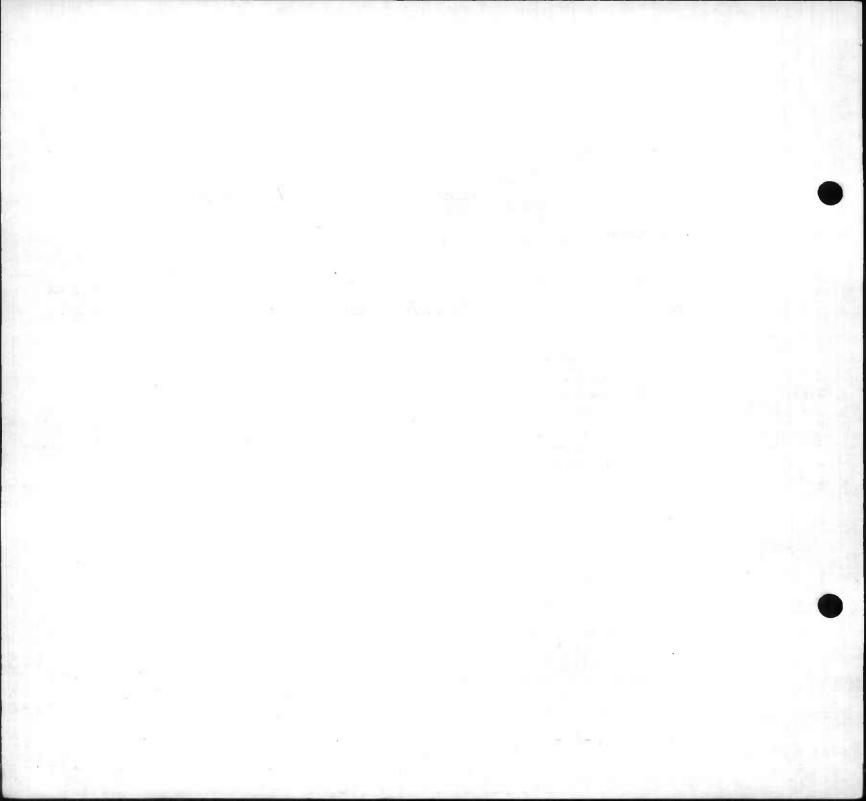
ADDRESS

ADDRESS



66 00474	BALTIMORE CIT	Y HEALTH DEPARTMENT	Registered No.	D'OVA A D
BIKIN NO.	CERTIFICA	ATE OF DEATH	Registered No	OCFI
M.E. CASE NO.  1. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
(Type or Print) C/MINO; MARY  3. PLACE OF DEATH IN BALTIMORE MARYLAND		1	12/66.	1055 A
3. PLACE OF DEATH IN BALTIMORE MARYLAND		4. USUAL RESIDENCE (When	re decéased lived. If ins	stitution: residence before admissi
FULL NAME OF (If not in hospital or institution, gr	ve street		218	-07
HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN (If out		URAL and give township)
IN UNION MEM. 1	405P.	BALTIM (	ORE rural, give location)	
44	,	2538 /4/		ROAD
5. SEX   6. RACE   Z. MARRIED)	NEVER MARRIED	+		
F CAUCASIAN WIDOWED,	RRIE (specify)	5/6/09	9. AGE (In years lost birthdoy) 6 3	Months Doys Hours Min
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF done during most of working life, even if retired)	BUSINESS OR INDUSTR		gn country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE		ITALY		USA
13. FATHERS NAME		14, MOTHER'S MAIDEN NA		
DONOGRA, JAC	K	DISAL	UA, BEAT	RICE
15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown)(If yes, give wor or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
A/O	NONE	CHARR	7	
18.		OF DEATH		INTERVAL BETWEEN
DISEASE OF CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH	(A) /	ERMINAL C.	BRCHUGHA	Q /YR.
(This does not mean the made of dying, e.g., heart failure, osthenia, etc. 11 means the disease,	DUE TO	F STOHACH		
injury or camplication which caused death.)				
ANTECEDENT CAUSES	DUE TO	NESSTIUE DILURE 20 T	- P	
DISEASES OR CONDITIONS, if any, giving		TILURE 20	100	
rise to the abave cause (A) stating the UNDERLYING CONDITION last.	(C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
DISEASE OR CONDITION CAUSING IT.		Too A	N 000 15 115 115	
19A. DATE OF OPERATION 19B. CONDITION FOR W WAS PERFORMED  466  21A. ACCIDENT WAS UNDERLYING 21B.	HICH OPERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING CAL	ISES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B.		in or obout 21C. WHERE DID	(It in Baltimore	City, give exoct locotion)
	, form, foctory, street,	office bldg., INJURY OCCUR?		
U	INJURY OCCURRED	21F. HOW DID INJ	Hay Occiles	
S OF INJURY	e AI Not Whi		OKI OCCOR:	
Work	At Work			, ,
22. I certify that (I) (this hospital) attended the	/			12/66 19
that (I) (we) lost saw the deceased alive an	1-4		at in (my) (aur) apir	ian death accurred on the
and hour and from the causes stated above. (1)	(We) (did nat)	view the body after death.		
23A, SIGNATURE			5. 0	23B. DATE SIGNED
7.11. / Veine	M.D. Atl	ys. Med. Director	Stoff Phys.	1/12/66
23C. PHYSICIAN'S DR. S.A. HEINN	1C	23D. ADDRESS LINION	MEMORIAL	HOSPITAL
	NC .			1,10,00
DR. T. CLASS EN + OR.	S. KRAMP	72 UNIOF		140512.
DR. T. CLASS & V & OR.	S. KRAMP	12 UN164	MOH.	y, town, or county) (State
24A. BURIAL CREMATION, 24B. DATE 24C. NAIREMOVAL (Specify)	ME of CEMETERY OF CR	TEMATORY 24D. L	OCATION (Cit	
DR. T. CLASS & V & OR.	S. KRAMP, ME OF CEMETERY OF CE Y RECEEM	TEMATORY 24D. L	OCATION (Cit	
DR. T. CENSS & DA OR.  24A. BURIAL CREMATION, 24B. DATE  REMOVAL (Specify)  BURIA 1/15/66. Ho.	S. KRAMP, ME OF CEMETERY OF CE LY RECEEM	TER CEM.	OCATION (Cit	y, town, or county) (Stot MORE, Md. ADDRESS NC. BALTO, Md. 21





VS 151-REV. 1/1/65

70017

JOHN F. DENNY. INC. 715 Light St.

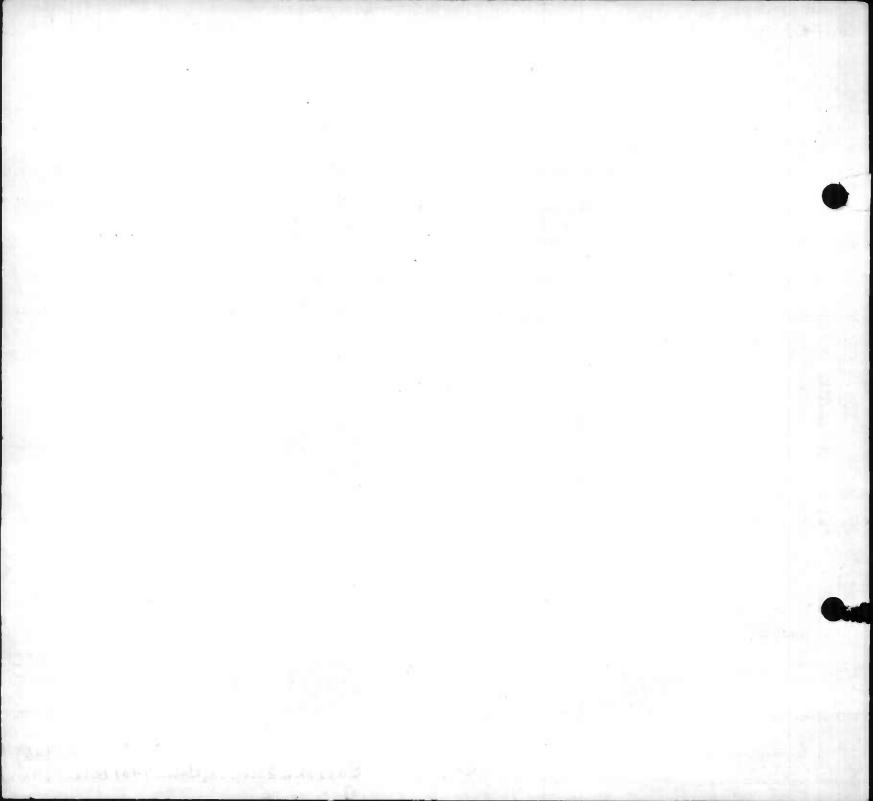
ter and the second of the seco the of Silvers and Same and the Silvers of the Silv a Lit string neit Life mel metal weit accept the Life MARKET THE COUNTY OF THE PROPERTY OF

M.E. CASE NO.	66 00	1477	CERTIFICA	TE OF DEATH	Registered No.	1030 1111111
1.NAME OF DECEASED (Type or Print)			2. DATE AND HOUR OF DEATH			
PLACE OF DE	Annie	B. Ride:	r		12- 1966.	nstitution; residence before admission)
. TEACT OF DE	ATTI IN PARTIMONE INA	NI LAITE		A. STATE B. COU	INTY	- A
FULL NAME CHOSPITAL OR	)F (If not in hospital address or lacation		give street	Md.	D.	1-02
INSTITUTION	dadress of lacdilor	1/			outside city limits, write	RURAL and give tawnship)
1	1,611 Ham	matt A	17.02010	Baltimore, D. STREET ADDRESS	If rurol, give lacation)	
8	4611 Ham	ipne oo a	venue	1 4		#2 1.
S S EX	6. RACE	7. MARRIED.	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
Female	White	WIDOWED	o, DIVORCED (specify)  OWed	9-6-1880	last birthdoy)	Months Doys Haurs Min.
				11. BIRTHPLACE (State or fo		12. CITIZEN OF
one during mast af	warking life, even if retired)	1				WHAT COUNTRY?
	ewife	Mens H	ats Inc.	Baltimore, Ma		U.S.A.
3. FATHER'S NA				14. MOTHER'S MAIDEN N.		
	Samuel B	arnett		Isab	elle Kennedy	
5. Was Deceased Yes, no ar unknawn	Ever in U. S. Armed For (If yes, give war ar date	ces? s af service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No			216-09-2390	Mrs Melvin Sc	hemm 2506 Pr	octer Lane
1B. 11 7	0.11		CAUSE O			INTERVAL BETWEEN
DISEA	SE OR CONDITION DIR	RECTLY			<i>in n</i>	ONSET AND DEATH
	LEADING TO DEATH		(A) Clack	texoroxary.	Montrosis	suddenignmely
	nal mean the made of asthenia, etc. It means		DUE TO	1	article digitation of Egyptic so is so that is supple with it is gight as extress. It is to it in a gight is	
	nplication which caused		2/1/2	to 1 2 7	industil	21/0.
	ANTECEDENT CAUSES		BYTESPEL	Musin arrer	coccerolic (	- Valsease
DISEASES	OR CONDITIONS, if	any, giving	Frn.		1. t	-1.
	e abave cause (A) G CONDITION last.	slating the	(C) (K)	once my	o-carall	<b>1</b>
ONDERCHIN						
OTHER SIGN	II IFICANT CONDITIONS C	ONTRIBUTING	3	<u> </u>		
TO THE D	EATH BUT NOT RELA	TED TO TH				
	OPERATION 198. CON	DITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Tes ar	Va) 208. IF TES, WERE	FINDINGS CONSIDERED
0	WAS PERI	FORMED		no	IN CERTIFYING CA	CUSES OF DEATH?
U 21 A. ACCIDE	NT WAS UNDERLYING		PLACE OF INJURT (e.g., in	n ar about 21 C. WHERE DID	(If in Boltimor	re City, give exact location)
DEATH (notify	TING CAUSE OF medical examiner)	etc.)		ince bidg., INJOKI OCCOK:		
21 D. TIME	(Month) (Day) (Teor)	(Hour) 21E.	INJURY OCCURRED	21 F. HOW DID IN	NJURT OCCUR?	
OF INJURT			ile At Nat Whil	e		
		Wa			150	13 11
22. I certify	that (I) (th <del>is hospital</del>	ottended t	he deceased from	an 25	1963 to Sa	Wed 1960
thot (I) (we)	Host sow the decease	d olive on	Dec 12	4 1965 ond	that in (my) (our) ap	inion death occurred on the dote
ond haur on	d from the couses stat	red above. (1	) (\underseta) (did) (\underseta) v	riew the body ofter death		
23A. SIGNATU	IN Ha	rbol	M.D. Atte	ending Med.	Stoff Phys.	Jan 15, 1966
23C. PHYSICIA NAME (1	V HARP	SOLI		4706 Harfa	ed Road B	raltemore 14. M.S.
4A. BURIAL CRE	MATION, 248. DATE	24C.N	AME of CEMETERT OF CRI	EMATORY 024D.	LOCATION (C	ity, town, ar caunty) (State)
REMOVAL (		,			D 71.	1/1
Buri	BT HEALTH DEPT.		ckwood Cemeter	25C. FUNERAL DIRECTO	Baltimore, C	O. Md.
JAI DAIL REG D	AT HEMSELL DEFT.	TOWN TAMORES C	ALWINION,	230. TOHERAL DIRECTO	- n	ADDRESS (36

JAN 17 VS 150-REV. 1/1/65 1966

P.D. A. E. Faller

Lassahn Lunwal Home 7401 Below Road



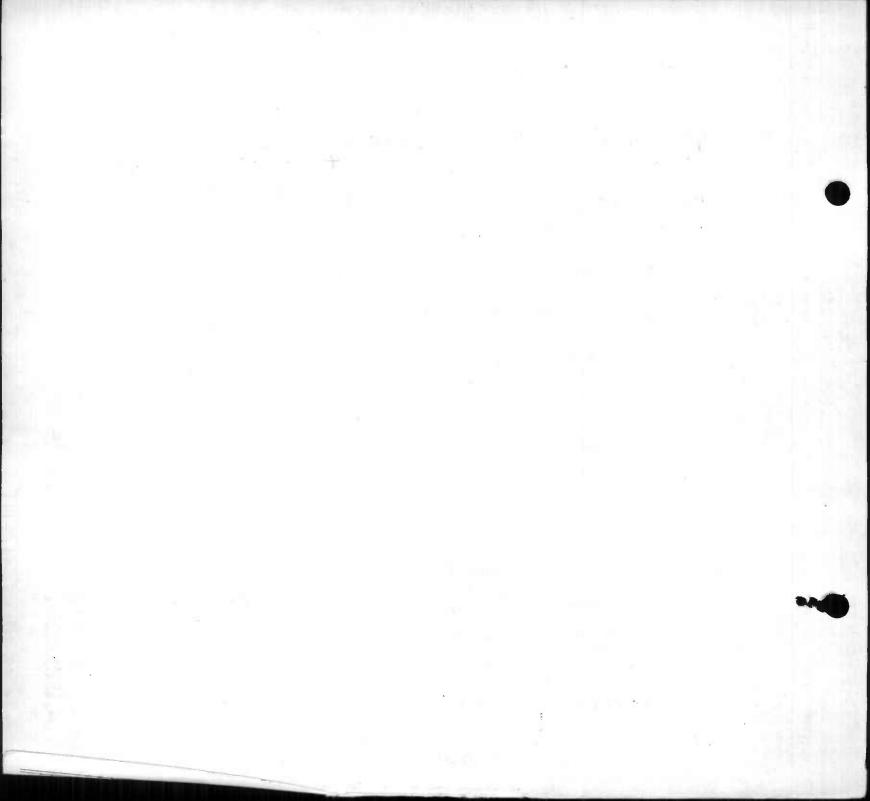
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such FUNERAL DIRECTOR: IMPORTANT

24

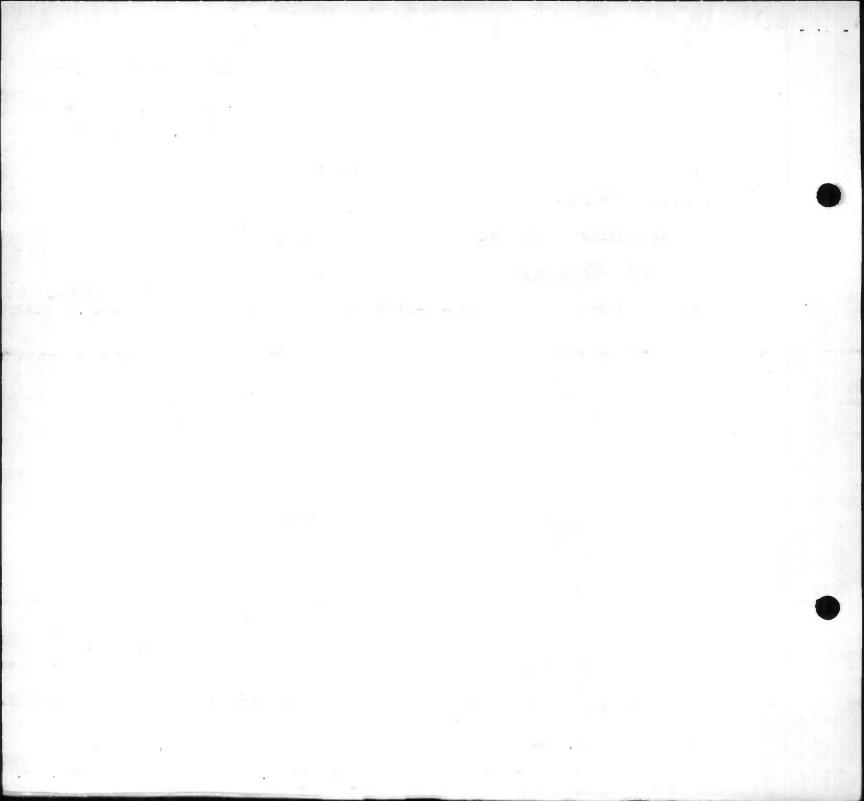
25

VS 150-REV. 1/1/65

E CASE NO.				3-7 (7-7 2 7 )	
AME OF DECEASED		2. DATE AN	12 GG	1:30	P.
CREEN SAMUEL		4. USUAL RESIDENCE (Whe	re deceased lived. If in	stitution: residence before o	dmissian)
ULL NAME OF (If not in hospital ar instituto of different address or locotion)	tian, give street	MAR ULA I	VO	15-38	unii s si uni
NSTITUTION			-	RURAL ond give township)	
LUTHERAN HOSP.	OF MARYLAN	DALTING STREET ADORESS (III	rural, give location)	AU4-	
EX 6. RACE 7. MAR	RIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., It Unde	24 Hrs.
M C WID	OWED, DIVORCED (specify)	4-4-93	lost birthdoy	Manths Oays Hours	Min.
USUAL OCCUPATION (Give kind of wark 10B, KIN aduring most of warking life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fore	ign country:	12. CITIZEN OF WHAT COUNTRY?	
- La don	in Kessin Co.	S.C.		ILS A	
FATHER'S NAME	pregrain co.	14. MOTHER'S MAIDEN NA	AA F	35 - 41	-
aukroun		unifr			
Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS	
s, no or unknown) (It yes, give wor or dates of services) Will T	212-20-9068	WIFE		SANF	
16. 33/XI	CAUSE O	F DEATH		INTERVAL BETW	
DISEASE OR CONDITION DIRECTLY		9 4 4			A10
LEADING TO DEATH	(A) (	2VA - INTR	ACRAVIA	- [	
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis injury or camplication which caused death.)	ease,				
ANTECEDENT CAUSES	(B)	EMORRHAGE	- HUPE	$R \pm$	
			J	100	
DISEASES OR CONDITIONS, if any, g rise to the obove couse (A) stoting	the (C) TE	NSION			
UNDERLYING CONDITION last.	***************************************	J	***************************************		
11					
OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208. IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?	
21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in	n or obout 21 C. WHERE DID	(It in Boltimore	e City, give exact location)	
OR CONTRIBUTING CAUSE OF DEATH (natity medical examiner)	home, larm, tactary, street, of etc.)	ffice bldg., INJURY OCCUR?			
21D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID IN	URY OCCUR?		
OF INJURY (APPROX)	While At Not While	e 📉			
	Work At Work	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1-1-2	1
22. I certify that (I) (this hospital) attend		<i>i</i> (	19 6 4 to/	19	St. 6cc ,
that (I) (we) lost sow the deceased olive		19 6 c ond th	ot in (my) (our) opi	nion death occurred on	the dote
ond hour and fram the couses stoted obo	ve. (I) (We) (did) (did not) v	riew the body after deoth.			
23A. SIGNATURE				23B. DATE SIGNED	
Jahha brui	M.D. Atte	ending Med. Director	Stoff Phys.	1-12-1	66
23 C. PHYSICIAN'S		23D. ADDRESS 7	li		
ATTOLAH G	OLPIPA M.D.	Luthern	Hospite	1	
BURIAL CREMATION, 24B. DATE / 2	C. NAME of CEMETERY OF CRE	EMATORY 24D. L	OCATION (C	ity, tawn, ar caunty)	(State)
REMOVAL (Specily)	B. Ret 100	1 2	- At 31	d-	
DATE REC'D BY HEALTH DEPT. 258, NA	ME TRANSTRAD	25C. FUNERAL DIRECTOR	acro. M	ADDRESS	
JAN 17 1966 P. C. J. S. N.	ME T RUST A	Uhr. I. Cho	twanp-17	o/Ma Cullo	hst

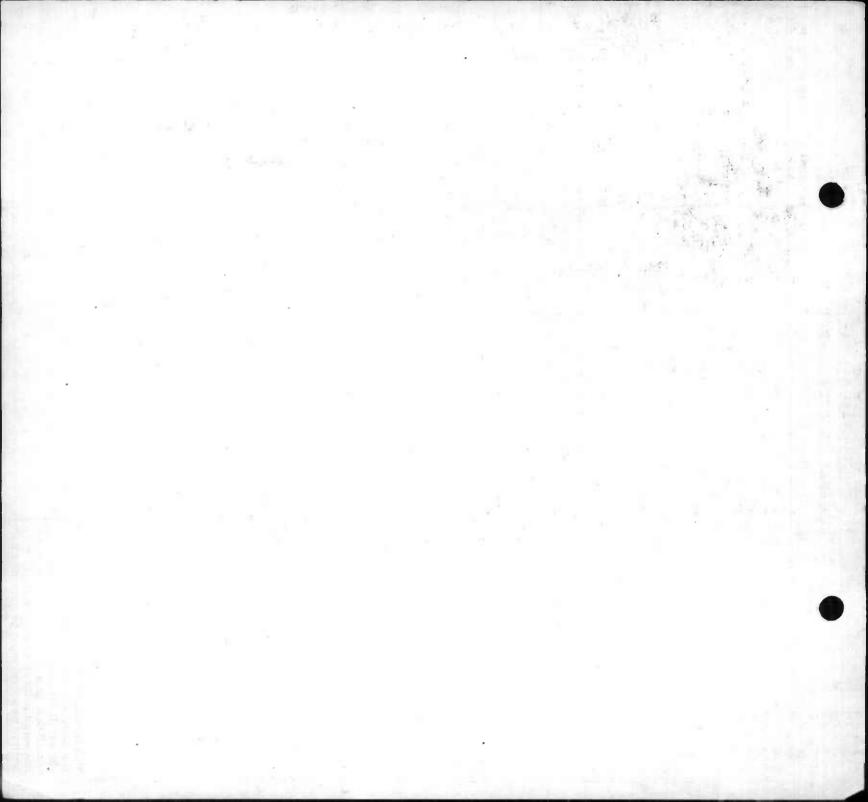


			BALTIMORI	E CITY HEA	ALTH DEPARTMENT		
IRTH NO.	6	6 0047	9 CERTIF	ICATE	OF DEATH	Registered-No	3 (104.79
. NAME OF DECI	EASED				2. DATE	AND HOUR OF DEAT	н/ /
Type or Print)	ARRIS	T SHAL	UEN		4	: 31 PM	112/66 10:30 P.
PLACE OF DEA	TH IN BALTIMO			4. A.	STATE B. CO	here deceased lived. If	institution: residence before odmission)
FULL NAME O HOSPITAL OR INSTITUTION	F (If not in oddress o	hospitol or institut r location)	ion, give streel	c.	Maryland CITY OR TOWN (II	Anne Aru	e RURAL ond give township)
, 2			11-0-	21	19501den	9 / (Rt.	9 Box 171)
34 00	ON DEC	COUR	HOSPITA	PC 0.	Paulhate	(If rurol, give location)	ch Rd.
, S EX	6. RACE		RIED, NEVER MARRIED	8. D	ATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
Male	Whit	e 1	Married		10/2/1878	lost birthdoy) 87	Months Doys Hours Min.
OA, USUAL OCCU one during most of v			D OF BUSINESS OR IND	USTRY 11.	BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
Mail	Carrier	US C	ivil Servic	e	Maryland	d	Americo
FATHER'S NAM	A E				MOTHER'S MAIDEN N	IAME	The Teg
Danie	1 86	6.110.10			(1 V	,	
. Was Deceased	Ever in U. S. A.	med Forces?	1 6. SOCIAL	17. 1	NEORMANT		ADDRESS
es, no or unknown)		r or dotes of serv	SECURITY NO.			(Son)	330 Westowne R
No	None		220-22-1	227A	FRANCIS	K. SHAW	EN Balto.Md 2122
1B. 4/3	4, /1		CAL	USE OF DE	ATH		INTERVAL BETWEEN ONSET AND DEATH
	E OR CONDITI			().	0.	V	ONSET AND DEATH
	LEADING TO		(A)		cliac U	nest	
heart failure,	ai meon ine m osthenia, etc. II	nade of dying, I means the dise		_			
injury or com	plication which	coused death.)		C	e Lin Ho	at Fail	
A	NTECEDENT C	CAUSES	(B)	Ony	arme Tre	an rail	<i>N-</i> Q
DISEASES O	R CONDITION	IS, if ony, gi					
	abave caus	e (A) stating	the (C)		***************************************		
UNDERLIING	CONDITION	lost.					
OTHER SIGNIE	II	TONE CONTRIB	TIME				
	EATH BUT NO	TONS CONTRIBLE	THE				
	OPERATION TO		OR WHICH OPERATION	19	DA ALIZOBEV2 (Voc. o.	Nell 200 to Mrs. With	
19A. DATE OF	W	AS PERFORMED	OR WHICH OPERATION	2	VA. AUTOPST? (Tes of	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
21A. ACCIDEN	IT WAS UNDER	VINC	210 81 4 55 05 14111179		No	4// 5 1	
OR CONTRIBU	TING CAUSE	OF _	21B. PLACE OF INJURY home, form, foctory, str	reet, office b	ldg., INJURY OCCUR?	(If in Baltime	are City, give exact location)
3	medical examine	r)	etc.)	_			
OF INITION	(Month) (Doy)	(Yeor) (Hour)	21E. INJURY OCCURRE	D	21 F. HOW DID I	NJURY OCCUR?	
(APPROX.)				Work			
22 1		. 1					
			ed the deceased from	//	19 6 6 and	19 6 6 ta g	oinian death accurred an the date
			e. (1) (We) (did) (did				
23A. SIGNATUI				1017 11011	The bady affer death	16	23B, DATE SIGNED
	00	01	M.D	Attending	Med.	Stoff	250 12 11
Jam	ex c	· Cun	v	Phys.	Director	Phys.	Jan. 1 - 1.06
PHYSICIAN NAME (Ty	rpe)			230.	ADDRESS	1. b	
CA	MUEL	C. C.	400	M.D. /5	2 Secour	5 Horb Ba	et-23, md
A. BURIAL CREA	AATION, 24B. D	ATE 24	C. NAME of CEMETERY	or CREMAT	DRY 24D.	LOCATION (C	City, town, or county) (Stote)
REMOVAL (S		15 6	0 1	- 2	-		
Burial	Jan	15-66	Cedar Hill (			Brooklyn RF	D, Maryland
IARI = =	* 4000 A		7 0	2	SC. FUNERAL DIRECT		ADDRESS
JAN 17	( 1966 ()(	New O G.	Startone		Righard W	, Singleton	Glen Burnie, Md.
160 DEN/ 1/1//	E	4	10				



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	66 004	BALTIMORE CITY	Y HEALTH DEPARTMENT	
	IH NO.	CERTIFICA	TE OF DEATH Registered No.	66 00450
1.1	E CASE NO.  IAME OF DECEASED RANNIE AND PROPERTY OF THE PROPER	DA ADA E,	2. DATE AND HOUR OF DEATH	
3.	PLACE OF DEATH IN BALTIMORE, MARYLA		4. USUAL RESIDENCE (Where deceased lived. If A. STATE B. COUNTY	institution; residence before admission)
	FULL NAME OF (If not in hospitol or ins HOSPITAL OR oddress or locotion) INSTITUTION	stitution, give street	Md. Howard C. City OR TOWN (If outside city limits, write Highla	RURAL and give township)
3	7 Mercy	HOSPITAL	D. STREET ALDINESS (If rurol, give location)	
5. 5	v	AARRIED, NEVER MARRIED (vidowed, Divorced (specify)	8. DATE OF BIRTH  8/31/1894  9. AGE (In years lost birthdoy)  71	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 10 B, e during most of working life, even if retired)	kind of Business or industry housekeeping	11. BIRTHPLACE (State or foreign country)  Maryland	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	William H. Rannie		Catherine A. Gaith	er
15. (Ye	Wos Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give wor or dates of	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	no	?	Miss Eva L. Rannie Highl	and , Md.
	DISEASE OR CONDITION DIRECTI		DE DEATH	INTERVAL BETWEEN ONSET AND DEATH
	(This does not mean the made of dyin heart failure, osthenio, etc. It meons the injury or complication which coused deat	diseose,	10 condine inforct	
	ANTECEDENT CAUSES	(B) COL	onory thrombores	000000000000000000000000000000000000000
	DISEASES OR CONDITIONS, if any, rise to the obove cause (A) state UNDERLYING CONDITION last.	giving ing the (C) COAC	sury ortery disease	
ATION	OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	RIBUTING TO THE		
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM	ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH? 400
AL C	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	in or obout 21C. WHERE DID (If in Boltimo ffice bldg., INJURY OCCUR?	ore City, give exact locotion)
EDIC	21 D. TIME (Month) (Doy) (Year) (Ha	our) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
W	(APPROX.)	While At Not While Work At Work		
	22. I certify that ( (this hospital) att			- 12 1966
				Anian death occurred on the date
	and haur and from the causes stated a	noave. (i) (me) (ala) (ala not) v	view the bady offer deoth.	23B. DATE SIGNED
	Mario ling Cal	Line M.D. Att	ending Med. Stoff Phys.	1/12/66
	23C. PHYSICIAN'S NAME (Type) A ARIA FIA		23D. ADDRESS MERCY HOSP	Baltimae Ind
244	Burial cremation, 248. Date gemoval (Specify) 1/15/66	24C. NAME of CEMETERY OF CR		City, town, or county) (State)
25 A	1/15/00	St. Louis	Clarksville,	MQ. ADDRESS
	JAN 1 7 1966 P. P. B	A 99 A 12 11		licott City, Md.
VS	150-REV. 1/1/65	X O O D C	0 4 0 0	



66 00401	BALTIMORE CITY	HEALTH DEPARTMENT	00	141491
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered No. 66	(11401
M.E. CASE NO.  1. NAME OF DECEASED	11 1-1	Z. DATE AN	D HOUR OF DEATH	
	Hutchi			66 3-30 P.M
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When		tion: residence before admission)
FULL NAME OF (If not in hospital or institution, give	street	Mary/zud	Ç-	1-0-3
HOSPITAL OR oddress or location) INSTITUTION		1 / /-	side city limits, write RUR	AL and give township)
Let.	, , ,	D. STREET ADDRESS (III	rurol, give location) /	
The Union Memorial H	ospital	1	or Road	
5. SEX , 6. RACE 7. MARRIED, NEV	ER MARRIED	B. DATE OF BIRTH	9. AGE (In years II	Under 1 Yr., If Under 24 Hrs.
Male Caucasian Man	VORCED (specify)	1/8/99	lost birthdoyl 67 M	onths Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUS	INESS OR INDUSTRY	11. BIRTHPLACE (Stote or forei	gn country) 1	2. CITIZEN OF
dane during most of working life, even if retired)	vauce	Maryland		WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHERS MAIDEN NA	ME	0 ( ) ( ) (
Charles 4 tohins		. ZJohann	a	
7 00 1011	SOCIAL:	17. INFORMANT		ADDRESS
(Yes, no or unknown) (If yes, give war or dates of service)	SOCIAL:		S. Hutchin	
100	3-12-133		J. Mulchin	INTERVAL BETWEEN
18. 33/X	CAUSE O	F DEATH	0	ONSET AND DEATH
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(This does not mean the made of dying, e.g.,	1 3 SHE TO		manning (	
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	おまる			
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rise to the above couse (A) stating the UNDERLYING CONDITION last.	9C)			X /M
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OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
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THE STATE OF THE S		100	Yes	
OR CONTRIBUTING CAUSE OF home, lo	CE OF INJURY (e.g., i rm, foctory, street, o	n or about 21C. WHERE DID lfice bldg., INJURY OCCUR?	(If in Boltimore Ci	ty, give exoct location)
DEATH (notify medical examiner) etc.)				
W OF INJURY	URY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX.) While A	Not While			
22. I certify that (this haspital) attended the de	eceased fram	January 11	19 66 to Jau	uary 11, 1966
that ((we) last saw the deceased alive an				
and haur and from the causes stated above.				. double de de la company
23A. SIGNATURE	e) (did) ( <del>digital)</del> (	new the bady after death.	23	B. DATE SIGNED
A Portification (15	M.D. Atte	ending Med.	Stoff A	1.11
23C. PHYSICIAN'S	Phy	22D ADDRESS	Phys.	1111166
ANCEL C. TIPTON, JR		UNION	MEMORIAL I	IOSPITAL
ANGLE C. ITTION, JR		3514 TC	alver 3	reels
REMOVAL (Specify)	of CEMETERY of CR			lown, or county) (State)
	udon Park		Baltimore	Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. MAME OF RE	GISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
JUL I 1300 00000 C	13.7	Mitchell-Wi	edefeld Hom	e 6500 York
VS 1S0-REV. 1/1/6S		00481		BALTO. 12, MD

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rect or contributing cause of death (4) Undetermined cause; (5) Deceased was in regular attendance on the

death.

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BALTIMORE CITY HEALTH DEPARTMENT 66 00482 Registered No. CC BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) JANHARY 1966 SADIE 14, 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND A. STATE B. COUNTY (If not in hospital or institution, give street C. CITY OR TOWN FULL NAME OF HOSPITAL OR oddress or location) (If outside city limits, write RURAL and give township) INSTITUTION BALTIMORE D. STREET ADDRESS PINES - BELVEDERE (If rural, give lacation) HOUSE 3812 DORCHESTER ROAD Pou 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. Months: Doys 5. SEX 6. RACE 8, DATE OF BIRTH If Under 24 Hrs. WIDOWED, DIVORCED (specify) lost birthday Hours WHITE WIDOW Nov 25, 188 isposition is 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 0 MARYLAND 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME MAMO T IS. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT 6. SOCIAL ADDRESS final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 3916 ANNELLAN N 0 CBRE 1B. CAUSE OF DEATH INTERVAL BETWEEN 0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the made of dying, heart failure, asthenio, etc. It meons the disease, injury or complication which caused deoth.) ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating the remains UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No! 19A. DATE OF OPERATION WAS PERFORMED No 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID hame, form, factory, street, office bldg., INJURY OCCUR? 2TA. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF

etc.) DEATH (notify medical examiner)

(Month) (Day) (Year) (Haur) 21E. INJURY OCCURRED OF INJURY While At

21F. HOW DID INJURY OCCUR?

22. I certify that (1) (this hospital) attended the deceased fram that (I) (we) last saw the deceased alive an....

and hour and fram the causes stoted above. (1) (##d) (did) (did not) view the bady after death.

66 and that in (my) (and apinion death accurred on the date

Work

ucland	QLA	pupe	al mg
23C. PHYSICIAN'S NAME (Type)		0	

Attending X Med Director 23D. ADDRESS

23B. DATE SIGNED Stoff Phys.

Not While

At Work

24D. LOCATION

24A. BURIAL CREMATION, 24B. REMOVAL (Specify) 24C, NAME of CEMETERY OF CREMATORY

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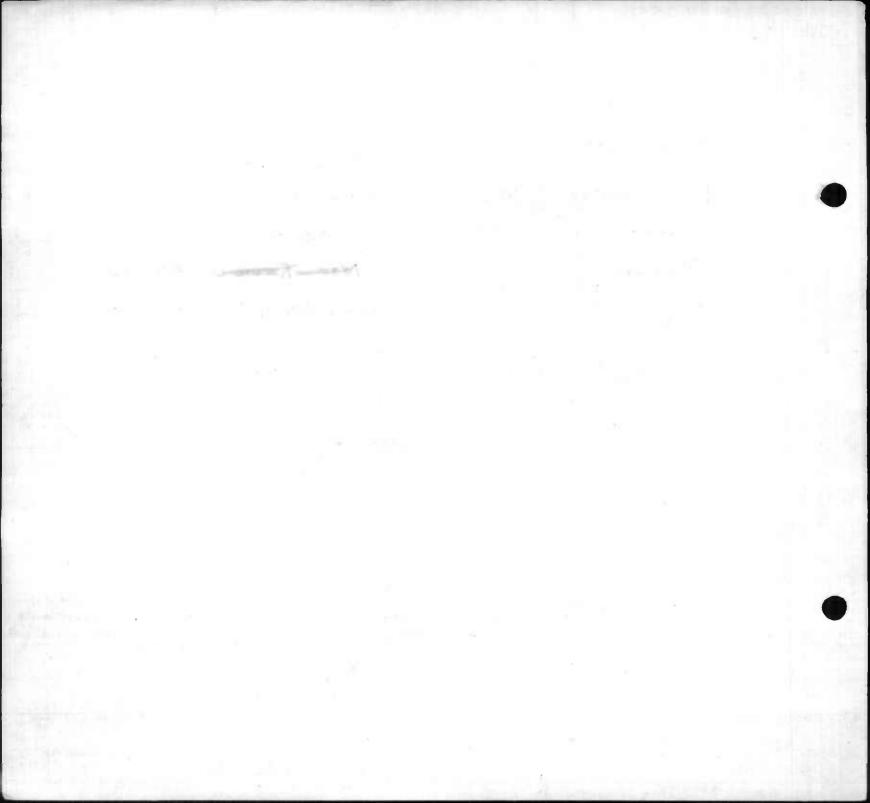
2SA. DATE REC'D BY HEALTH DEPT.

SHARE I

13 25C. FUNERAL DIRECTOR

ADDRESS 3319 Olympia

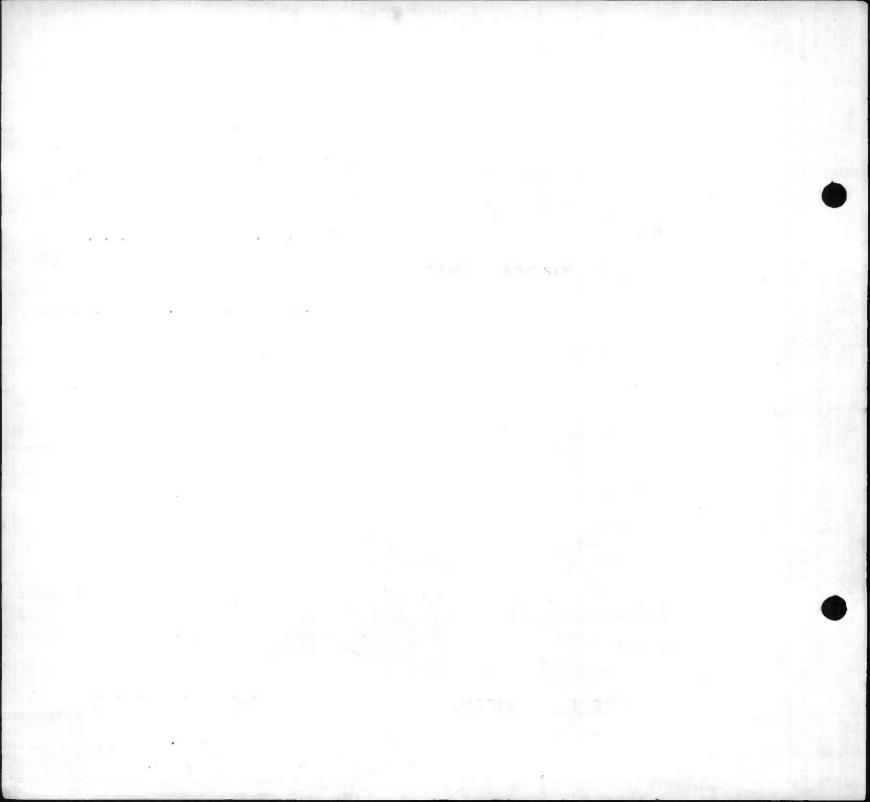
VS 150-REV. 1/1/65



VS 150-REV. 1/1/65

	LTIMORE CITY H	EALTH DEPARTMENT		
	RTIFICAT	E OF DEATH	Registered Na	20 10 1400
1. NAME OF DECEASED Grace		2. DATE A	NO HOUR OF DEATH	11) (MGO)
(Type of Print) Helen Thomp	503		1/14/6	6 1 9 AM
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		STATE B. COU	NTY	stitution: residence before odmission)
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION	C	CITY OR TOWN (IF	utside city fimits, write F	RURAL and give township)
Union Memorial Hospita	9/	Baltima. STREET ADDRESS		* * -0
44			35 th Str	
5. SEX 6. RACE 7. MARRIED, NEVER M WIDOWED, DIVORCE WILDOW	(ED (specify)	8/8/1915	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 His. Months: Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS done during most of working life, even if retired)	OR INDUSTRY 11.	. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife home		Baltimore, Mo		U.S.A.
13. FATHER'S NAME	14.	Baltimore, Mo	AME	U S S A S A S A S A S A S A S A S A S A
John MAXXXXX Meye	rs	01,010	Toms	
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCI		. INFORMANT	1071.3	ADDRESS
no		Roger L. Thom	pson, 633 E.	35th Street, son
DISEASE OR CONDITION DIRECTLY	CAUSE OF I	DEATH		ONSET AND DEATH
LEADING TO DEATH	(A) DUE TO	hydro	nephrosi	5
(This daes nat mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury as camplication which caused death.)	DUE TO			
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rise to the above cause (A) stating the UNDERLYING CONDITION last.	(C)		00.000	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	nava h	10012		100
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OF WAS PERFORMED	PERATION	20A/AUTOPSY? (Yes or )	No) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 218. PLACE O	FINJURY (e.g., in o octory, street, office	r obout 21 C. WHERE DID e bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
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OF INJURY (APPROX.)  While At Work	Not While At Work		JOK! OCCOR.	
22. I certify that (1) (this haspital) attended the decea	sed, fram	1/13	1966 to	1/14 19 66
that (I) (we) last saw the deceased alive an	/			nian death accurred an the date
and haur and fram the causes stated abave. (1) (We) (d	id) (did nat) vie	w the bady after death	•	Land Base statute
23A. SIGNATURE	M.D. Attend	ing Med.	Stoff	238, DATE SIGNED
Andra Fereker	Phy s.	Director L	Phy s.	1/14/66
23C.PHYSICIAN'S NAME (Type)	231	O. ADDRESS		
HODSON ON FESCHEC				HOSPITAL
REMOVAL (Specify)	EMETERY of CREM	ATORY 24D.	LOCATION (Ci	ty, town, or county) (Stote)
Burial 1/17/66 Moreland	d Memorial	. Park Ba	ltimore, Md.	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTI		25C. FUNERAL DIRECTO	OR .	ADDRESS
JAN 17 1966 Robert & Jane	3	Schimunek Fun 1831 Brehms La	me #13	IIC•

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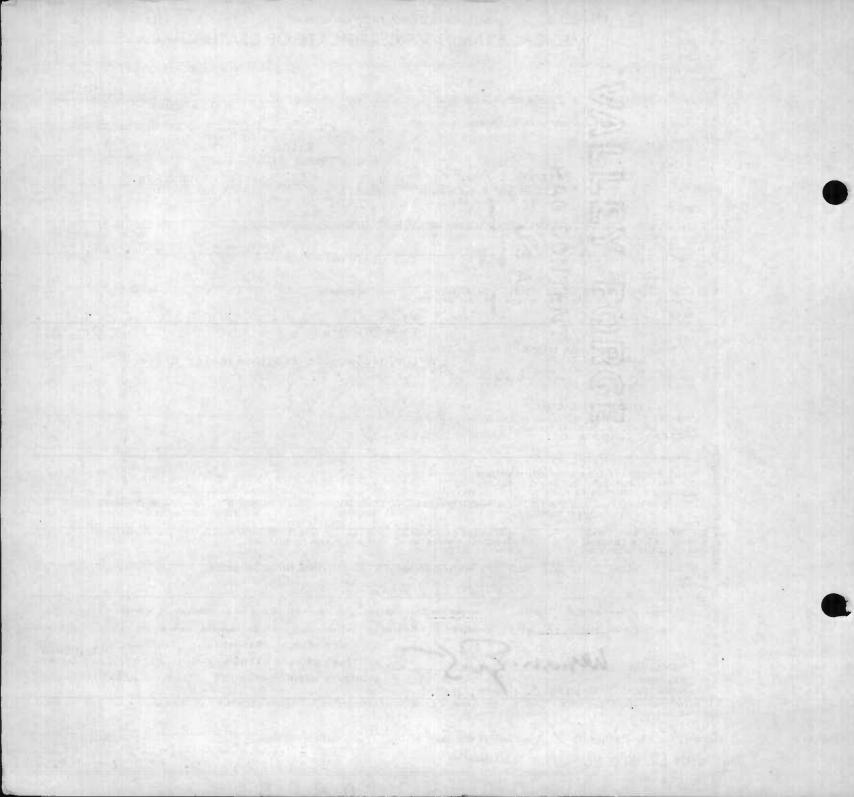
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100	3 J	ohns Hopkins	Hospital		D. STREET A	DDRESS (If rurol,				
		7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)  Married		B. DATE OF June	NRTH	9. AGE (In years lost birthday)	If Under Months, D	Yr. If Under 24 Hrs. loys Hours Min.		
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13.	Alvin I					Ingraham				
15. (Ye	WAS DECEAS , no or unknown	ED EVER IN U.S. ARMED	FORCES? s of service)	16. SOCIAL SECURITY NO.	Frankl		ks,146 S.Gr	ADDRESS cove St	E. OrangenN.	
	INTERVAL BETWEEN  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying e.g., head failure, osthenio, etc. It means the disease, injury or complication which coused death.)  ANTECENDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE									
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CERTIF	DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED					20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES				
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	ACTUA SIGNAT EXAMI	NER'S	les J	Suicident Suicide	CHIE		AMINER	ner 🗌	DATE SIGNED	
RE	Burial CR MOVAL (Speci Buria)	EMATION, 238. DATE  1/19/6  BY HEALTH DEPT.	230 66 248, NAME	Fairmount Cemor Registrar	etery	Neral Director	ewark, N E. Orange,		DDRESS	
VS	JAN 151-REV. 1/1	17 1966 P.O.	9 6	G C )	Fran	klin A. B	anks,146 S.	Grove	St. N.J.	

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Funeral Home, Inc. Balto., Md. 21214

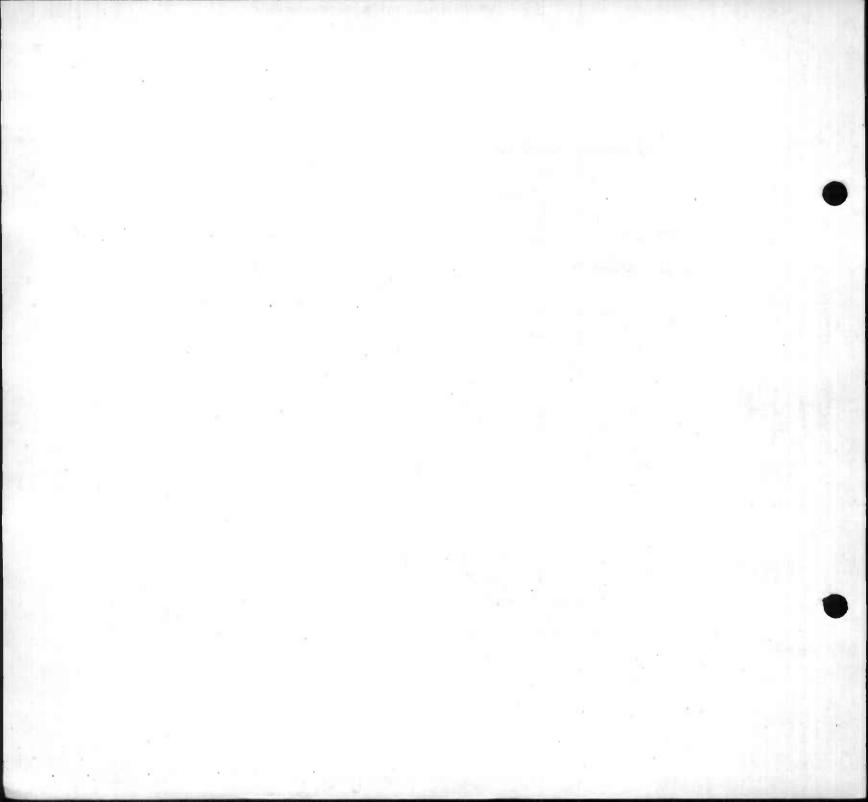
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A.E. CASE NO.	STATE OF THE STATE OF				
. NAME OF DE			2. 0	ATE AND HOUR PRONOL	
		orman S. Timmons		1/	13/66   10:25 а.м.
PLACE IN BAL	TIMORE, MARYLAND, W	WHERE PRONOUNCED DEAD	4. USUAL RESIDENC	E (Where deceased lived. If B.	f institution: residence before admission)
ULL NAME OF	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET			rand	
OSPITAL OR	ADDRESS OR LOCA	Απον)			write RURAL and give township)
				ltimore	0 01
11	1000 E E-			(If rurol, give locotion)	
AU		irmount Ave.		29 E. Fairmou	
. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	B. DATE OF BIRTH	9. AGE (In ye lost birthdoy)	eors If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.
male	white	Widowed	7/14/98	67	
		IN TOB. KIND OF BUSINESS OR INDUST		or foreign country)	12. CITIZEN OF
	working life, even if retired)	MINE THE	Laurel	Marialand	U.S.A.
Retire	ME		Laurel	N NAME	U.D.A.
Unk	inown		Unknown		
WAS DECEASE	ED EVER IN U.S. ARMET	D FORCES? 16. SOCIAL	17. INFORMANT		ADDRESS
es, no or unknown	n) (If yes, give wor or dot	tes of service) SECURITY NO.			
Yes 18.	W·W. I	212-16-985	4 William	R. Rimmons-	-38 Eleanor Ave.
heori foilure injury or co	LEADING TO DEATH not meen the mode of e, osthenio, etc. II meen omplication which coused  ANTECENDENT CAUS OR CONDITIONS, IF	of dying e.g., st the discose, l deoth,)  EES  ANY, GIVING  (A) AT CET 1  (B) DUE TO	iosclerotic (	eardiovascular	disease
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the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death (shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

		00 ()	0400	BALTIMORE CITY	HEALT	H DEPARTMENT	•			
	TH NO. E. CASE NO.	66 0	1406	CERTIFICA	TE C	F DEATH	Registered No	3 00486		
1. N	AME OF DEC						ND HOUR OF DEATH			
(,)	pe of thin	Ivah J. Schu	upper	t		Jan	14, 166 ere deceosed lived. If instit	7:40 A.M.		
3.	PLACE OF DEA	TH IN BALTIMORE, MA	RYLAND		A. STA	AL RESIDENCE (Wh	ere deceosed lived. If instit	ution: residence before odmission)		
FULL NAME OF (If not in hospitol or institution, give street HOSPITAL OR oddress or location) INSTITUTION					Maryland  C. CITY OR TOWN (If outside city limits, write RURAL and give township)					
					Baltimore					
	n/) 64	7 Dumbarton	Avenu	<i>te</i>	1	ET ADDRESS (II	rural, give location)			
1	90				1	7 Dumbarto				
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specific downer)				VED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. 6/21/1880 On Significant State of St					
			108 KIND	OF BUSINESS OR INDUSTRY	11. BIRT	HPLACE (State of for	eign country)	2. CITIZEN OF		
done during most of working life, even if retired) Housewife					9	Glen Rock, Penna. U.S. A.				
13.	FATHER'S NAA	AE			14. MO	THER'S MAIDEN NA	ME			
Alvin Heathcote					Dora Hendricks					
(Ye	s, no or unknown	(If yes, give wor or dote	s of service	1 6. SOCIAL SECURITY NO.		RMANT	C 1 (1.~	ADDRESS		
	No			No	Mrs	Joseph A.	Schupper 64/	Dumbarton Ave		
	18. 420	2./ 1		CAUSE C		*		INTERVAL BETWEEN ONSET AND DEATH		
		E OR CONDITION DIR	ECTLY		/	1 1	ONSET AND BEATH			
		LEADING TO DEATH	Let	(A) ( / /2	Alre	osclerofe	5+2/1			
	(This daes not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury at camplication which caused death.)					er/ dies				
	ANTECEDENT CAUSES (B)									
	DISEASES OR CONDITIONS, if any, giving									
	lise to the above cause (A) stating the (C)					•••••	# 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			
	UNDERLYING CONDITION iast.									
CERTIFICATION	TO THE D	FICANT CONDITIONS C	TED TO	ING THE						
CA	DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION					ALITOPSY? (Yes or N	O 20R IF YES WERE FIN	DINGS CONSIDERED		
TIF	WAS PERFORMED				20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
CER					in or obout 21 C. WHERE DID (If in Boltimore City, give exact location)					
AL	OR CONTRIBUTING CAUSE OF			home, form, factory, street, office						
U										
MEDI	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCUP OF INJURY (APPROX.) While At Work				21F. HOW DID INJURY OCCUR?					
~										
	22. I certify that (1) (this hospital) attended the deceased from ACC 17 19 65 to Saw 14 19 66									
	that (1) (we) last saw the deceased alive an									
	and have and from the causes stated above. (1) (We) (did) (did not) view the body after death.  23A. SIGNATURE									
	0		1.11	M.D. Att	ending (	Med.	Stoff 23			
	Trea	wich f, U.	Me	M.D. Att	s. Director Phys. 1-14-46					
	23C. PHYSICIAN'S NAME (Type)  23D. ADDRESS									
	FREDERICK J. VOLLMER M.D. 6106 YORK RD, BALTIMORE 21212									
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county)										
	0 .	1/17/	66	All Saints (e	meter	Ro	istertown, Mc	1.		
25/	DURLAL A. DATE REC'D	BY HEALTH ADEPT.				FUNERAL DIRECTO	R	ADDRESS		
	JAN 17	1966 Robert	5 4	Library A			n, Inc. 3000 (			
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BALTIMORE CITY HEALTH DEPARTMENT 66 00487 Registered No._ CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) Sunday Jan-16-1966 MISTERKA 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) Maryland (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) C. CITY OR TOWN (If autside city limits, write RURAL and give township) INSTITUTION Baltimore D. STREET ADDRESS (If rural, give lacation) Res., 3114 Dillon Street 3114 Dillon Street 21224 made. 5. SEX MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Hours Min. Months Doys Hours last birthday) WIDOWED, DIVORCED (specify) Male Male White Married July 5-1925 40

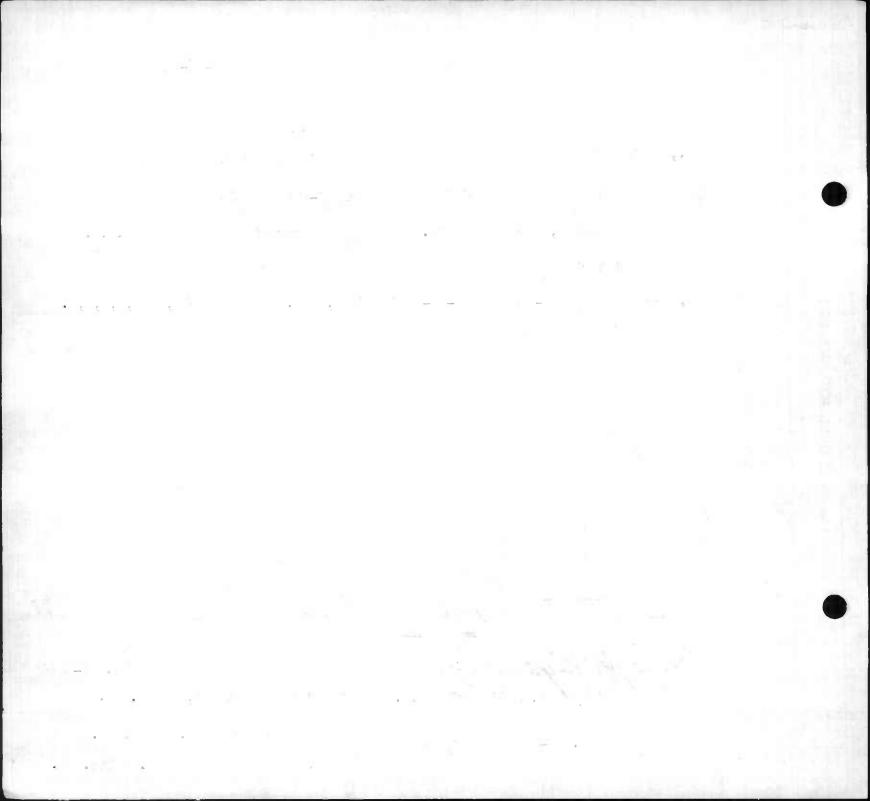
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) White 12. CITIZEN OF disposition WHAT COUNTRY? done during most of working life, even if retired) Crown, Cork & Seal To. Pennsylvania U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Susan Misterka John Misterka 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT ADDRESS 6. SOCIAL (Yes, no ar unknown) (If yes, give war ar dates of service) SECURITY NO Yes, Army WWII 1943-46 219-10-9634 Wife, Mrs. Anna Misterka, # 4,a,b,c,d. 10 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not meon the made of dying, e.g., heart failure, asthenia, etc. II means the disease, injury ar complication which coused deoth.) ANTECEDENT CAUSES DUE TO are DISEASES OR CONDITIONS, if any, giving rise to the obave couse (A) stoting the remains UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes at No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED CERTIFI before 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in ar about 21 C. WHERE DID hame, larm, factory, street, office bldg., INJURY OCCUR? (If in Baltimare City, give exact lacotion) DEATH (notify medical examiner etc.) MEDI obtained (Month) (Day) (Year) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While OF INJURY While At (APPROX.) At Work Work 22. I certify that (I) (this haspitet) attended the deceased fram that (I) (we) lost saw the deceased alive on _______ and that in(my) (ass) aplaion death accurred on the date and hour and from the couses stated above. (1) (***) (did) (dident) view the body after death. must 23B, DATE SIGNED 23A, SIGNATURE Attending Phys. Med. Stoff Jan. 17-1966 Director approval Phy s. 23C. PHYSICIAN'S NAME (Type) 23 D. ADDRESS 3138 O'Donnell Street, Balto. Md. 21224 Klijanowicz M. D.D. 24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY of CREMATORY REMOVAL (Specify) Frederick Rd. Balto. Md. 19-19-6 Baltimore National FUNERAL DIRECTOR

VS 150-REV. 1/1/65

Jan.

25A, DATE REC'D BY HEALTH DEPT.

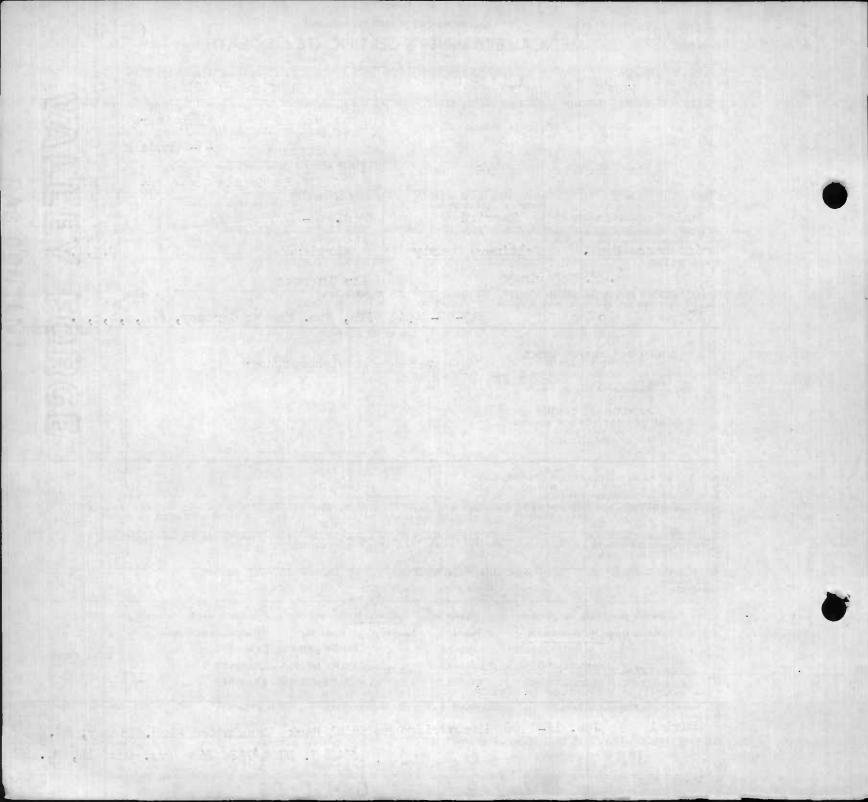
JOHN J. DUDA 2829 Hudson St. Balto. Md. 24



		BALTIMORE CITY	HEALTH DEPARTMENT	66 00488
	TH NO. 66 00488	CERTIFICA	TE OF DEATH Registered	No. 00 00400
1.	JAME OF DECEASED	1116	2. DATE AND HOUR OF DE	ATH
	PLACE OF DEATH IN BALTIMORE, MARYLAND	halak J	4. USUAL RESIDENCE (Where deceased lived.	166 ///, 35 P. M.
			A. STATE B. COUNTY	1-11
	FULL NAME OF (If not in haspital or instituti HOSPITAL OR address ar lacotian) INSTITUTION	on, give street		vrite RURAL and give tawnship)
		4.4	Baltimore	
	5 Church Home	and Hospital	D. STREET ADDRESS (If rural, give location	4
5.		IED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
		web, DIVORCED (specify)	9 - 9 - 8 4 last birthdoy)	Months Days Haurs Min.
	LUSUAL OCCUPATION (Give kind of wark 10 B. KINE during mast of warking life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fareign country)	12. CITIZEN OF WHAT COUNTRY?
	Boxmaker	tanutacture of	Maryland	U.S.A.
13	FATHERS NAME	1 1	14. MOTHERS MAIDEN NAME	1.
2	Martin Micha	ar	A. Novakou	ADDRESS
(Y	Was Deceased Ever in U. S. Armed Forces? s.na or unknown) (If yes, give wor or dotes af servi		17. INFORMANT	f. same as deressal
	No No	216-03-4518 CAUSE O	Helen Michalak;	INTERVAL BETWEEN
5	DISEASE OR CONDITION DIRECTLY	CAUSE O	PUEATR	ONSET AND DEATH
3	LEADING TO DEATH	(A) A	cute pulmonary co	deura Iday
	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dise		whalle due to acce	deena Iday eti myoe.
	injury or complication which caused deoth.)  ANTECEDENT CAUSES	(B)	injection - LRB	<b>3 3</b>
0	DISEASES OR CONDITIONS, if any, give	oing DUE TO	andiac anest	minula
3	rise to the above cause (A) stating UNDERLYING CONDITION last.			
NOIL	ll ll	0 00	and in all south of	67-17
O I	OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO	TING CO of PO	ostale-with mesas.	node;
A JIEIL		OR WHICH OPERATION	20A. AUTOPSY? (Year Na) 20B, IF YES. W	ERE FINDINGS CONSIDERED
D D	WAS PERFORMED		100	CAUSES OF DEATH?
1010	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in hame, farm, foctary, street, all etc.)	n ar about 21C. WHERE DID (If in Bal fice bldg., INJURY OCCUR?	timore City, give exact location)
		21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
S S S S S S S S S S S S S S S S S S S	OF INJURY	While At Nat Whil	e —	
	22. I certify that (t) (this haspital) attended	Wark At Wark	1966 to	1.15 10 66
0	that (I) (we) last saw the deceased olive	1 , 1	اسم) 6.6 and that in(my) (مسم)	opinian deoth accurred an the date
	and hour and from the couses stated above			
	23A. SIGNATURE			23 B. DATE SIGNED
	a . Tane	M.D. Atte		1.15.66.
24	23C. PHYSICIAN'S NAME (Type) Albert Ma	chum "	Chench Home a	c Hospital
24		M.D.		(City, town, at caunty) (State)
	REMOVAL (Specify)			
- 11		6 Holy Rosary	German Hill ]	Rd. Balto. Co. Md.
	JAN 17 1966 P.C.	B. E. Farbourn	JOHN J. DUDA 2829 Huds	on St. Balto. Md. 24
1/9	150-PEV 1/1/65	6 0 0		

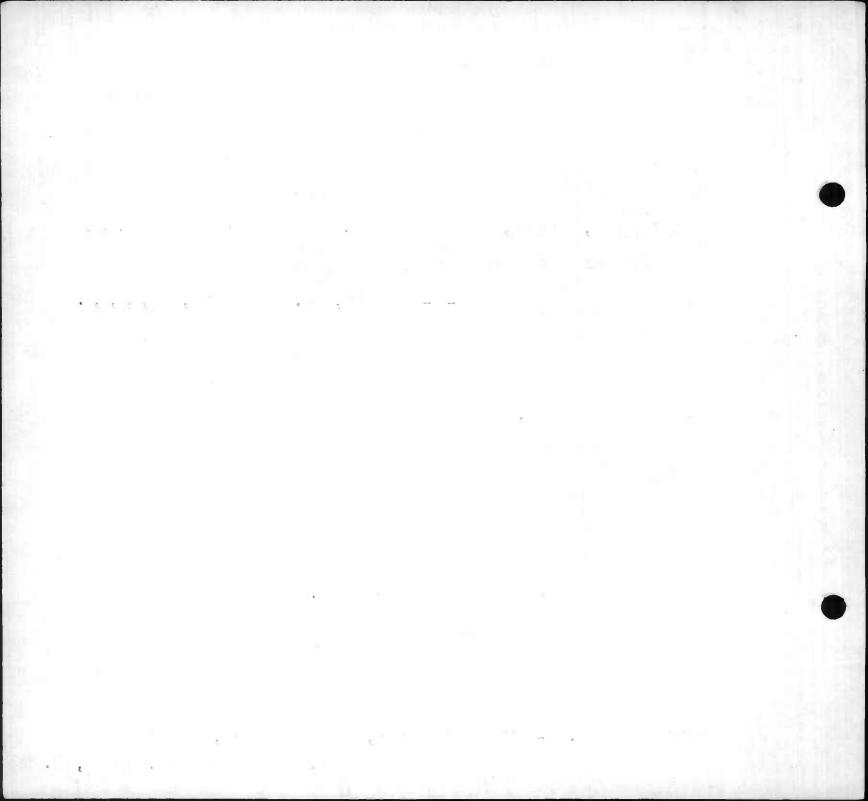
the present and the desired MARKET CON MORESTAN PORT PARTY Bonnakor Mantetus Morphand Martin Millalak A Novaha Firm Helen Michalah, and Acute pulmanent summer Edward & Carellate. Ca of Practice and the medical for all A. Mahren Albert Mahum Cheesel bones x 400 p. ...

BIRT	H NO. 66	MEDI		CAMINER'S C	ERTIFICATE OF	DEATH Registe	65 00489 red No
M.E	CASE NO.				X		
1. N (Typ	NAME OF DEC		CARTNEY			nuary 1966	2:45 a.
3. P	LACE IN BALT	IMORE, MARYLAND, W	HERE PRONOI	UNCED DEAD	4. USUAL RESIDENCE (Where A. STATE Mayrland	deceased lived. If inst	
HO:	L NAME OF	(IF NOT IN HOSPITA	AL OR INSTITUTION)	JTION, GIVE STREET	C. CITY OR TOWN (If autsid		RURAL and give township)
					Baltimore		indalk 53-00
3	) Ba	altimore City	Hospit	als	D. STREET ADDRESS (If rurol 7652 Old B	attle Grove	Rd. 21222
5. S	male	6. RACE	WIDO WED,	NEVER MARRIED DIVORCED (specify) ried	8. DATE OF BIRTH Sept. 22- 1905	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
10A.					Y 11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF
		working life, even if refired)	Raltimo	ore County	Maryland		U.S.A.
	ATHER'S NAM		Dett out	ore country	14. MOTHER'S MAIDEN NAM	\E	0.D.A.
		O. F. McCa	rtney		Ora Burrows		
		D EVER IN U.S. ARMED		16. SO CIAL	17. INFORMANT		ADDRESS
Yes	NO NO	)(If yes, give wor ar date No	s of service)	213-07-2494	Wife, Mrs. Mae	Mc Cartney,	# 4,a,b,c,d.
	1B. 3.5	1 X .	18 9	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEA	SE OR CONDITION DI	RECTLY				ONSET AND DEATH
	(This door	LEADING TO DEATH not mean the made of			erebral hemorrha	ige	
	heart failure	, osthenia, etc. It meons mplication which caused	the disease,	DUE TO			
	DISEASES RISE TO TH	ANTECENDENT CAUSE OR CONDITIONS, IF A IE ABOVE CAUSE (A) ST NG CONDITION LAST.	NY, GIVING	(B)DUE TO			
Z				(C)			
ERTIFICATION	TO THE	II NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING	LATED TO T				
CERT		OPERATION 198, CON	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or No	208, IF YES, WERE FI	
O	UNDERLYING	L CAUSE WAS OR CONTRIB-	21 B, hame etc.)	PLACE OF INJURY (e.g., e.g., form, foctory, street,	in ar obout 21C, WHERE DID office bldg., INJURY OCCUR?	(If in Baltimare City, gi	ve exact lacation)
	21D TIME	(Month) (Day) (Yeor	r) (Hour) [2	TE. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
	OF INJURY (APPROX.)		m. \	WHILE AT NOT	WHILE D		
	22.	tify that I held on I	nquiry 🗌	Inspection Au	topsy ond that on th	als basis, deoth in m	ny opinion
resulted from: Natural couses X Accident Suicide Homicide Undetermined manner							
		0/	/	1_	CHIEF MEDICAL E	XAMINER [	D. T.C. CLOUED
	SIGNAT		les la	Ely 40	ASSISTANT MEDICAL E	XAMINER X	DATE SIGNED
	EXAMIN NAME (	VER'S Chamles	S. Pet	1	ASSOCIATE MEDICAL E		1/15/66
	BURIAL CRE	MATION, 23B DATE		C. NAME OF CEMETERY			, tawn, ar county) (State)
	Burial	Jan. 18		Meadowridge N	Memorial Park Wa	ashington Bl	vd. Dorsev. Md.
24A	A DATE REC'D	JAN 17 1966	24B, NAME	OF REGISTRAR			ADDRESS we. Dundalk, Md.
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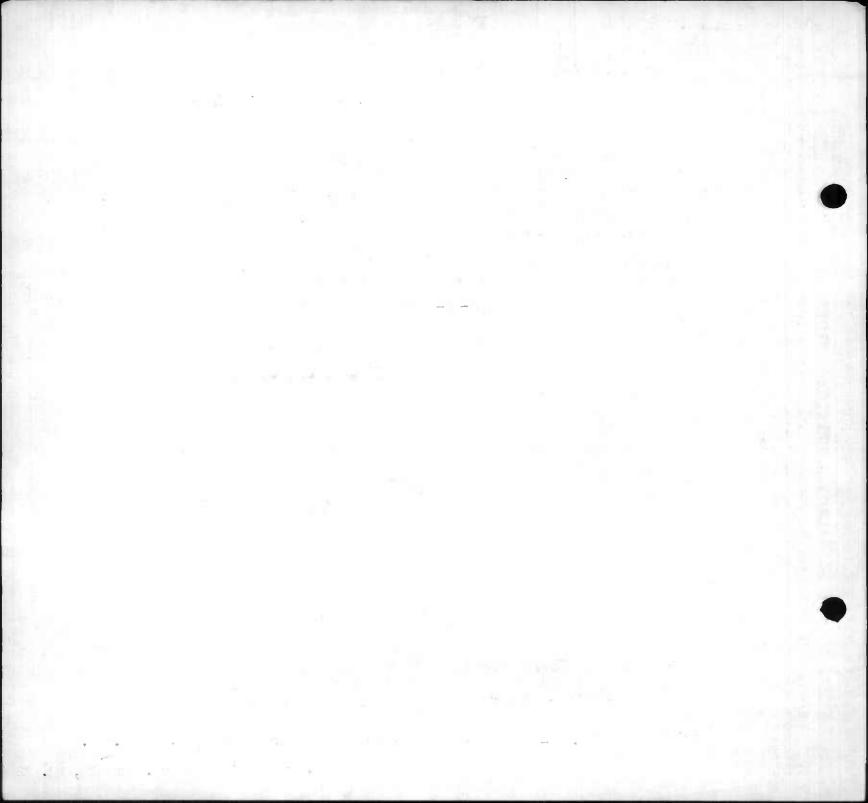


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his certificate must be approved by the chief medical examiner. Also, if the direct or contributing cause of death the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death or hows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased over D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such deceased prior to death; and (6) No physician was in regular attendance on the deceased prior to death. Such deceased prior to death.
body Vs: ( D.O D.O asse
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and well the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased of was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

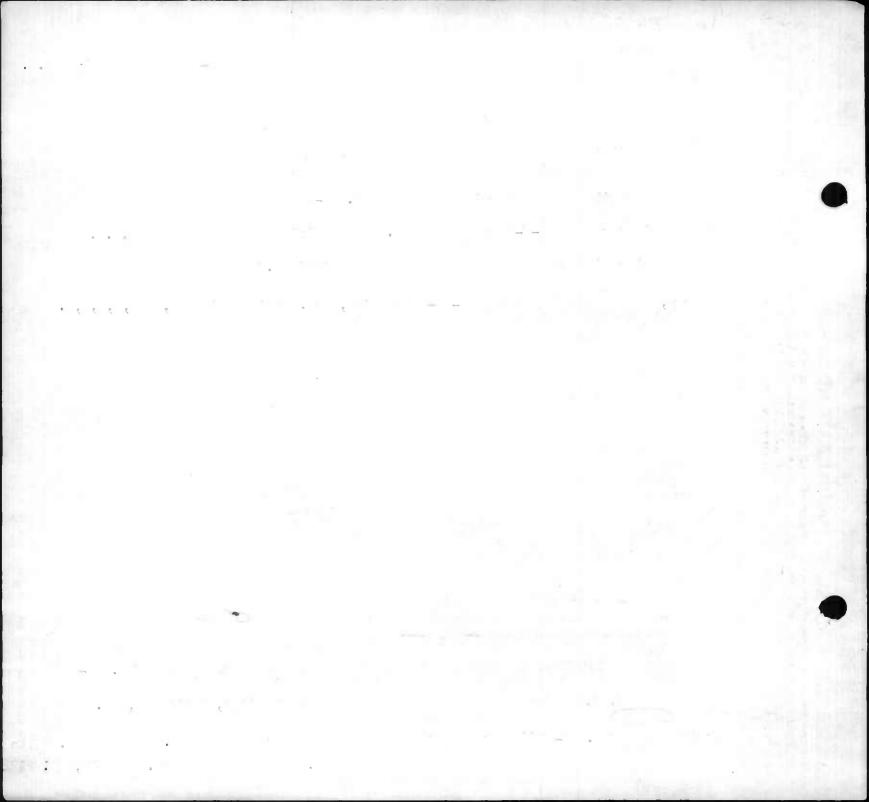
	BALTIMORE CITY	HEALTH DEPARTMENT	00 00400
BIRTH NO. 66 (1049() M.E. CASE NO.	CERTIFICA	TE OF DEATH Registered No.	66 00430
I.NAME OF DECEASED Type or Print) White	, Willie, (w	1141AM) 2. DATE AND HOUR OF DEATH	1/ P.N
3. PLACE OF DEATH IN BALTIMORE, MARYLAN		4. USUAL RESIDENCE (Where deceased lived, If ins A. STATE B. COUNTY	stitution: residence before admission)
FULL NAME OF (If not in hospital ar inst address ar location) INSTITUTION		C. CITY OR TOWN (If outside city limits, write R	URAL and give tawnship)
Maryland Gen	eral Hosp.	D. STREET ADDRESS (If rural, give location)	Oundalk 21222
SEX   6. RACE   17. M	ARRIED, NEVER MARRIED	B. DATE OF BIRTH 19, AGE (In years	If Under 1 Yr., If Under 24 Hrs.
male While "	Massied (specify)	9-20-98 lost birthday 67	Manths Days Haurs Min.
10A. USUAL OCCUPATION (Give kind of work 108. K done during most of working life, even if retired) Reliand, Shipyar	d, Bethlehem Steel		12. CITIZEN OF WHAT COUNTRY?
charles H.	white	Sally while.	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor ar dates af s No No	16. SOCIAL SECURITY NO. 213-07-1487	Wife, Mrs. Evelyn White, #	Address 4,a,b,c,d.
18. / 9 9 2 1 DISEASE OR CONDITION DIRECTL	CAUSE O		ONSET AND DEATH
LEADING TO DEATH	(A)	Terminal netastate	e Carcinoma
(This does not mean the mode of dying heart failure, osthenia, etc. It means the dinjury or complication which caused death	iseose,	, ,	
ANTECEDENT CAUSES	(B)		
DISEASES OR CONDITIONS, if ony, rise to the above couse (A) statis UNDERLYING CONDITION last.	giving		
OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME	N FOR WHICH OPERATION	20A. AUTOPSY? (200 No) 20B. IF YES, WERE F	INDINGS CONSIDERED ISES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., i home, farm, foctory, street, o etc.)	n or obout 21C. WHERE DID (If in Boltimore ffice bldg., INJURY OCCUR?	City, give exact location)
21D. TIME (Manth) (Doy) (Year) (Hot	While At Not While	21F. HOW DID INJURY OCCUR?	
(APPROX)	Work At Work		
22. I certify that (t) (this hospital) atte	4 4 42	19 6 2 10	19.66
that (I)-(we) last saw the deceased ali and haur and from the couses stated at		19_6and that in(my) <del>(our</del> ) apin	ion death accurred an the dat
23A. SIGNATURE Ablul 7. W	1.1.0	ending Med. Stoff	23B. DATE SIGNED 1 - 13 - 66.
23C. PHYSICIAN'S NAME (Type) NABIL F		23D. ADDRESS Masyland Surer	al Hesp.
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY of CR	EMATORY 24D. LOCATION (Cit	y, tawn, ar county) (Stote)
	66 Maury Cemeter	y, Richmond, Virgin	nia
25A. DATE REC'D BY HEALTH DEPT. 25B. 12 DAN 17 1966 P. O.	NAME OF REGISTRAR	JOHN J. DUDA 7922 Wise Ave	ADDRESS
VS 150-REV. 1/1/65	96600	00490	



BALTIMORE CITY	HEALTH DEPARTMENT
M.E. CASE NO.	TE OF DEATH Registered No. 100 (1049)
Type or Print) Gystav 7. Kellner	2. DATE AND HOUR OF DEATH
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	A. STATE  B. COUNTY  Do 1 to 2 t
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
Maryland	D. STREET ADDRESS (If rurgh, give locotion)
General Hospital	1801 Snyder Ave 21222
6. RACE Coucosian  7. Married, Never Married WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years lost birthday) 12 5 05   9. AGE (In years Months Doys Hours Min.
to a usual occupation (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY done during most of working lile, even if retired)  Store Kee 188	11. BIRTHPLACE (Stote or foreign country)    12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME	14. MOTHER'S MAIDEN NAME
Joseph Kellner	hose Tribull
15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (Iff yes, give wor or doles of service)  No. 213-07-3185	G. Stoner Md. General Hospital
18. / 6 2 , / I CAUSE O	F DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH (A)	suchoaenic Carcinoma Months
(This does not mean the mode of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease,	wa tas tas, s
injury or complication which coused death.)  ANTECEDENT CAUSES  (B)	
DISEASES OR CONDITIONS, if any, giving	
uise la lhe obave couse (A) slaling lhe (C)	
7	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., i	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF home, form, foctory, street, of DEATH (notify medical examiner)	n or obout 21 C. WHERE DID (If in Boltimore City, give exact location) ffice bldg., INJURY OCCUR?
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?
(APPROX) Work At Work	
22. I certify that (1) (this hospital) attended the deceased fram	19 6 and that in my (aur) apinian death accurred an the date
and haur and fram the causes stated abave (1) (We) (did) (did nat)	/lew the bady after death.
11 1 -4 0 14 - 11	ending Med. Stoff 1 1 12 166
23c. PHYSICIAN'S NAME (Type) Robert E. Stoner M.D.	Md. General Hospital
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CR	EMATORY 24D. LOCATION (City, lown, or county) (Stote)
Burial Jan. 17-1966 Gardens of Fai	ith Trumps Mill Rd. Balto. Md.
JAN 17 1966 PLAN E TOURS	JOHN J. DUDA 7922 Wise Ave. Dundalk, Md. 22
VS 150-REV. 1/1/65	0 0 4 9



		BALTIMORE CITY	HEALTH DEPARTMENT		00.00.		
	н но. 66 00492	CERTIFICA	TE OF DEATH	Registered No	. 66 00492		
1. N	AME OF DECEASED			AND HOUR OF DEAT	н		
	WILLIAM WISEMAN			uary 15-196			
. F	LACE OF DEATH IN BALTIMORE, MARYLAN	ID	4. USUAL RESIDENCE (W	here deceased lived, If			
	ULL NAME OF (If not in hospital or inst	titution, give street	A. STATE B. COL Marylan	ıd	Butte		
	NSITUTION daness of localidary				e RURAL and give tawnship)		
3	/		Baltimor D. STREET ADDRESS	e II rural, give lacation)	0 3 - mil		
	Mercy Hospital		3233 Bero Roa		21227		
5. \$		ARRIED, NEVER MARRIED IDOWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Manths: Days Haurs: Mi		
	ale White	Married	Nov. 15-1915	50			
	USUAL OCCUPATION (Give kind of work 10 B. I during mast of working life, even if retired)	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?		
		-G Tool & Die Co.	Virginia		U.S.A.		
13.	FATHERS NAME	- 2003 00 220 000	14. MOTHER'S MAIDEN N	AME	0.000		
	Baxter Wiseman		Virgie P.	Wiseman			
15.	Vas Deceased Ever in U. S. Armed Farces?	1 6. SOCIAL	17. INFORMANT		ADDRESS		
fes	Army	230-09-4835	Wife Mrs Inc	ille Wissens	n, # 4,a,b,c,d.		
_	18 (50 )	CAUSE O		TITE MISEIR	INTERVAL BETWEEN		
	381.01370	10	PULATH		ONSET AND DEATH		
	DISEASE OR CONDITION DIRECTL LEADING TO DEATH		an lune 6	T les alin	- form		
	LEADING TO DEATH  (A) Massur Lygir 6! Williams Kours  (This does not mean the made of dying, e.g.,  DUE TO						
	heart failure, asthemia, etc. It means the disease, injury or camplication which coused death.)						
	ANTECEDENT CAUSES		knies	100			
		DUE TO	0 11 ~				
	DISEASES OR CONDITIONS, if ony, rise to the above couse (A) statis		estar Agneral	insin	months		
	UNDERLYING CONDITION lost,		ortal Ouchy	ains			
_	— II	1					
NO	TO THE DEATH BUT NOT RELATED	IBUTING TO THE	i st.				
CAI	DISEASE OR CONDITION CAUSING IT.	//	120A. ANTOPSYT (Yes)	N-V 20D IS NES IVES	days		
ERTIFIC	WAS PERFORM	N FOR WHICH OPERATION	20A. ADTOPST (Tes) on	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?		
CER	214 ACCIDENT WAS LINDERLYING	21B. PLACE OF INJURY (e.g., i	a at about 215 WHERE DID	/If in Rollins	are City, give exact lacation)		
_	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (ngtify medical examiner)	hame, larm, factory, street, a	ffice bldg., INJURY OCCUR?	(II III BOINTII	ore City, give exact (acadam)		
Ö							
MEDI	21D. TIME (Month) (Day) (Year) (Ha		21F. HOW DID IN	JURY OCCUR?			
<	(APPROX)	While At Nat While At Wark					
	22. I certify that (this hospital) attended the deceased from 1-14-66 7100 page to 1-16-66 4:379						
	that (I) (we) lost saw the deceased ali						
					ermon dearn occurred on the		
	ond hour and from the causes stoted of	pove. (I) (me) (did) (did mot) v	riew the body ofter death		DATE SIGNED		
	010 1 5	M.D. Atte	ending Med.	Staff	23B. DATE SIGNED		
	Oflendana, n. ?	Phy	s. Director	Phys.	Jan. 15-1966		
	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS				
	C. A. Cendana	M.D.	Mercy Hos	spital, Balt	imore, Md.		
24A	BURIAL CREMATION 24B. DATE	24C. NAME of CEMETERY OF CR			City, town, or county) (Sta		
300	WIATION Jan. 18-1966	Greenmount Crem	natorium Cm	eenmount A-	o for Old states of the		
	1011	NAME OF REGISTRAR		OR AME	ADDRESS WA		
	JAN 17 1966 ()	2 4 9 Z 1	JOHN J. DUDA	7922 Wise .	Ave. Dundalk, Md.		
-	150 854 1/1/45	Section States	0 0 4 9	0	,		

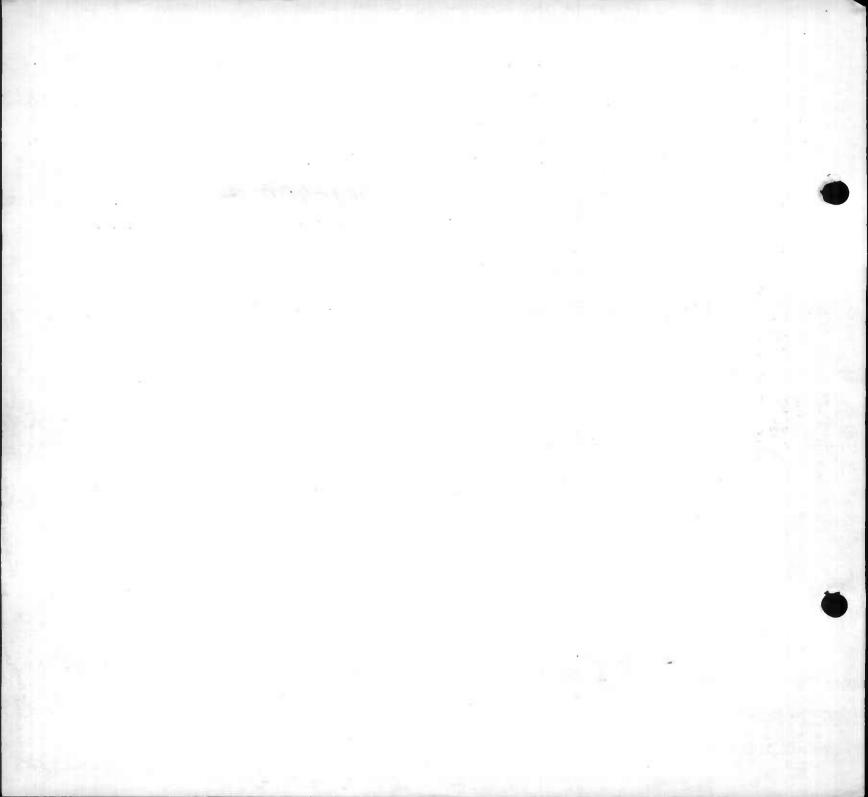


VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

00 00000

	H NO.			CERTIFICA	TE OF DI	EATH	Registered No.	3 111433	
1, N	AME OF DECE		ngletary,	John S.			HOUR OF DEATH 7 15, 1966		:15 P.M.
3. 1	PLACE OF DEAT	H IN BALTIMO	RE, MARYLAND		4. USUAL RESIL	B. COUNT	deceased lived. If is	nstitution: residence bel	ore odmission)
	FULL NAME OF HOSPITAL OR NSTITUTION	(If not in h oddress or	ospitol or institut location)	on, give street	Maryland	i		RURAL and give towns	hip)
3	9	1514	dent Hosp Division	Street	Baltimo	RESS (If n	urol, give location)		
5. S	sex (sle	Negro		IED, NEVER MARRIED WED, DIVORCED (specily)	B. DATE OF BIRT		AGE (In years	II Under I Yr. II Months Doys Hou	Jnder 24 Hrs.
		PATION (Give kind orking lile, even il i		OF BUSINESS OR INDÚSTRY	South Ca		n country)	12. CITIZEN OF WHAT COUNTR	Y?
13.	FATHER'S NAM	E			14. MOTHER'S A	AAIDEN NAM	N E		
	Will	6 51	NICLEY 4	v /	Axul				
15. (Ye:	Was Deceased s, no or unknown)	Ever in U. S. Am (II yes, give wor	ned Forces? or dotes of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		15118	PUNT 52	
1	18. 7	/ VI =	221	CAUSE O	F DEATH	Daire	y 10/6 D	INTERVAL B	ETWEEN
CERTIFICATION	(This does no heart foilure, o injury or comp  A DISEASES OF rise to the UNDERLYING  OTHER SIGNIFITO THE DE	esthenia, etc. It dication which of the conditions above cause CONDITION to the condition of the condition o	DEATH  and of dying, meons the dise caused death.)  AUSES  5, if ony, give e (A) stating best.  ONS CONTRIBU  T RELATED TO	(8)	Alcoholis	abcess	of right l		
RTIFIC	19A. DATE OF		B. CONDITION F AS PERFORMED	OR WHICH OPERATION	20 A. AUTOPS	Y? (Yes or No)	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERE USES OF DEATH?	D
CAL	OR CONTRIBUT	T WAS UNDERL	DF -	218. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)			(If in Soltimer	e City, give exact toco	tion)
MEDI	21 D. TIME OF INJURY (APPROX.)	(Month) (Doy)	(Yeor) (Hour)	21E, INJURY OCCURRED  While At Not While At Work	e	DW DID INJU	IRY OCCUR?		
				od the deceased from De on January 15,	//			inian death occurred	19 <u>66</u> ,
	and hour and	from the cous	s stoted obov	e. (I) (We) (did) (did nat) v	view the bady a	fter deoth.			
	23A. SIGNATUR	X 81	leo do	M.D. Att	ending \( \bar{N} \)	Ned.	Siall Phys. 🗙	January 1	5, 1966
	23 C. PHYSICIAN NAME (Typ	rs pe)	7	M.D.	23D. ADDRESS	vision (	Street		
24/		ATION, 248. D.	ATE 24	C. NAME OF CEMETERY OF CR	7			ity, town, or county)	(Stote)
25A	Sirvice /		15-66 T. 258. NA	Batte. Nath.	leto.	BG.	Himore	ADDRES	
	JAN 17	1966 (1)	Dry 8- 8.	Jaska Ma	Stor	TR. A.	Kel 13)	1811 ball	~ St



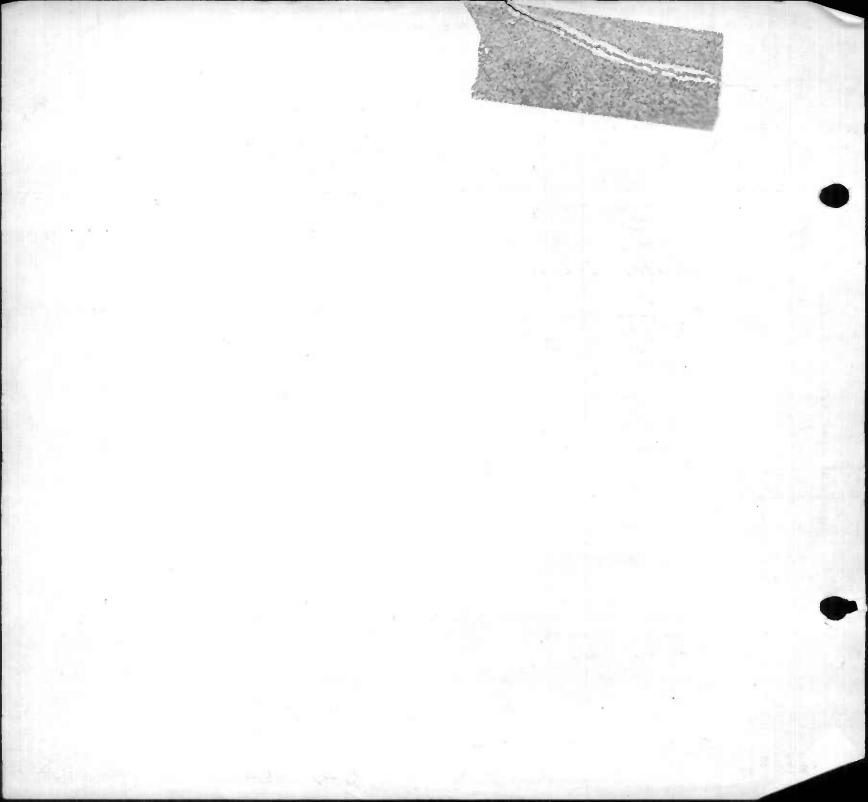
SAB	-36-90-bo			71.1	0040	4	BALTIMORE CITY	HEALTH DEPARTMEN	NT G	6 00494	
0		BIRT	H NO.	00	(11 12.)	ż	CERTIFICA	TE OF DEAT	H Registered No	•	
4-60	death death ceased on the	1. N	AME OF DECE	ased	Par	- Ke	er	2. DA	TE AND HOUR OF DEAT	13:30	A M
	d in a hospital airing cause of dea I cause; (5) Deceas attendance on t arior to death. Su	(	REPORT OF DEA	TH IN BALTIMO	na spital dr instita	roh, gr	ENDED 4-7-4	d. USUAL RESIDENCE A. STATE Maryla: C. CITY OR TOWN	no	e RURAL and give township)	Ssion)
	opting courselve and cause reprior to the courselve cour	3		more			ospital	D. STREET ADDESS 2409 Rosl	<u> </u>	21216	
	ath occurred in contributing determined causin regular attaches deceased prior is made.	5. s	emale	6. RACE Negro	Ma	owed,		2-18-1902			l Hrs. Nin.
	death or co Undete as in r e dece			PATION (Give kind orking life, even if		D OF E	BUŚINESS OR INDUSTRY	North Car		12. CITIZEN OF	H
-	(4) (4) th ispec	13.	FATHER'S NAM		orge Bu	nch		14. MOTHER'S MAIDE	He.	len	
TAN	B - B -	15, '(Ye:	Wes Deceased s, no or unknown)	Ever in U. S. An (If yes, give wor	med Forces? or dates of serv	vice)	6. SOCIAL SECURITY NO.	Records: BC	H-4940 East	ern Avenue 21	221
IMPORTAN	Also, re of armounce attend		(This does no	E OR CONDITION LEADING TO Do to to mean the mosthenia, etc. It	DEATH ode of dying,		CAUSE O	F DEATH	312821E	Many yea	2.2
DIRECTOR	xamin xamin ) A fra who r regu		DISEASES O	R CONDITION obove coust	coused deoth.) AUSES S, if any, g a (A) sloling	iving	DUE TO	remia	nephritis	Many ye	arc
_	dic dic	ATION	TO THE DE	II FICANT CONDITI EATH BUT NO CONDITION CAU	T RELATED TO	) THE	Hyperteren			Q	
FUNERA	by a med 2) Body bure the the physician fore the re	CERTIFICA	2	OPERATION 19 W	AS PERFORMED		HICH OPERATION  PLACE OF INJURY (e.g., i	20A. AUTOPSY? (Yes		E FINDINGS CONSIDERED AUSES OF DEATH? Yes	
	her (	MEDICAL	OR CONTRIBU	TING CAUSE medical examine (Manth) (Day)	OF	home,	. faim, foctory, street, a	ffice bldg., INJURY OCC	UR?		
	roved by he hospitally nature; xcept what (6) Ne hospitally he hospitall	MEG	OF INJURY (APPROX)	(Vicinin) (Ouy)	(red) (ridd)		e At Not Whit	• 🗆		(	6
•	ust be appreased to the dent of any ospiral (ex death); armust be ob		that (N) (we)	last saw the d	eceased alive	an	Me) (did) (did not)		and that in (my) (aur) a	pinian death occurred an the	date
	releas accide a hos r to d		23C. PHYSICIA NAME (Ty	omus	m. 3	y.	Phy	ending Med. Sirector  23D. ADDRESS 1910	1 /	1-14-65 nue, Baltimore.	
	dy was (1) An o.O.A. at sed prior	24/	BURIAL CREA	AATION, 248. D	M . 2	121 4C. NA/	ME of CEMETERY OF CRI	O S I V	Washing 24D. LOCATION	City, town, or county) (Ste	ate)
	This certify the body shows: (1) was D.O., weitten a written a	254	DATE REC'D	BY HEALTH DEP	9-66 T. 258, NA	AL B	REGISTRAR	25C. FUNERAL DIR	Arbutus,	Md. ADDRESS	
	H+ N > D >	VS	150-REV. 1/1/6	5	U.V. DO	E . X	Charles II	George of	As 1318	W. Calhon St	

Letter fign Dr. Zizic

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

VS 150-REV. 1/1/65

				BALTIMORE CITY	HEALTH DEPARTMEN	NT	0.00005
100	TH NO.		0.74.35	CERTIFICA	TE OF DEAT	H Registered N	6 00495
72,1	PEROT Print	and a second second second			2. DA	TE AND HOUR OF DEAT	ГН
2.3	to be the second	Liber	t Sebree		J	anuary 13, 1	966 2:75 PM
1	PLACE OF DEA	TH IN BALTIMOR	MARILAND		A. STATE B.	COUNTY	institution; residence before admission)
0.0	FULL NAME OF HOSPITAL OR	f (If not in his	orginal or institution	on, give street	Maryland c. city or town	(If outside city limits, writ	e RURAL ond give township)
	0	Provi	dent Hos	pital	Baltimore	(If rurol, give location)	
13	9	1514.3	Division more, Ma	Street	D. STREET ADDRESS	brook Avenue	
5.	SEX	6. RACE		ED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
	lale	Negro	WIDO	wED, DIVORCED (specify)	9-24-05	lost birthdoy)	Months Doys Hours Min.
		working life, even if re		OF BUSINESS OR INDUSTRY	Maryland	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAM		1		14. MOTHER'S MAIDE	N NAME	
	Charl	les Se	bree		Rebecc	ca Selder	
15.	Was Deceased	Ever in U. S. Arm	ed Forces?	1 6. SOCIAL	17. INFORMANT	ca Selden	ADDRESS
11.6	11	fit yes, give wor	or dotes of service	215-09-3345	Marthe	dalua 540	6 Woodbrook Ave
-	NO 18. 1/5	^ / I		CAUSE O	F DEATH	3 6 6 1 E W	INTERVAL BETWEEN
	DISEAS	E OR CONDITIO	N DIRECTLY			1.	ONSET AND DEATH
		LEADING TO DI		(A) /	Juo car	dial	
	hearl foilure,	ol meon the mo osthenio, etc. It i	meons the disec		1171		
		plicolion which c			V-In las	chon	
	1	ANTECEDENT CA	AUSES	DUE TO	97		V-1400 4-0-0-4-0-0-0-0-0-0-0-0-0-0-0-0-0-0-
		R CONDITIONS  obove couse					
		CONDITION 10		(6)			10
z		II	CONTRACT	7110			
ATIO	TO THE D	FICANT CONDITION EATH BUT NOT CONDITION CAU	RELATED TO	THE			
ERTIFICATION		OPERATION 198		OR WHICH OPERATION	NO NO	or No) 208. IF YES, WEI	RE FINDINGS CONSIDERED CAUSES OF DEATH?
AL CEI	OR CONTRIBL	NT WAS UNDERLY	ring 🗌	218. PLACE OF INJURY (e.g., inhome, farm, factory, street, of etc.)	n ar about 21 C. WHERE I	DID (If in Boltin UR?	nore City, give exact lacotion)
U	21 D. TIME	(Month) (Doy)	(٧)	21 E. INJURY OCCURRED	215 110 11 12	ID INJURY OCCUR?	
MEDI	OF INJURY	(Monin) (Doy)	(Teom (Hour	While At Not While Work At Work	e 🗂	ID INJURY OCCUR!	
	22. 1 certify	that (1) (this ho	spital) attende	d the deceased from Ja	nuary 13.	19 66 to Ja	nuary 13, 1966
	,	, , ,		January 13,	66		pinian death accurred on the date
				e. (1) (We) (did) (did nat) v			
	23A, SIGNATU	/		0	TOW THE BODY CITED OF	odiii.	238. DATE SIGNED
	d	- / (A	lo do M	M.D. Atte	ending Med. Director	Stoff Phys.	January 13, 196
	23C. PHYSICIA	N'S ype)	7		23D. ADDRESS		
			ger Theo	dore M.D.	1514 Divi	sion Street	
24.	A. BURIAL CRE	MATION, 248. DA	ATE 240	NAME of CEMETERY OF CR			(City, town, or county) (State)
25	SUVICE A. DATE REC'D	BY HEALTH DEPT	7-66 P	Albutus Men	25C, FUNERAL DIR	Albutus,	ADDRESS
100			200 117011	fine -	DIK DIK		- WENTER

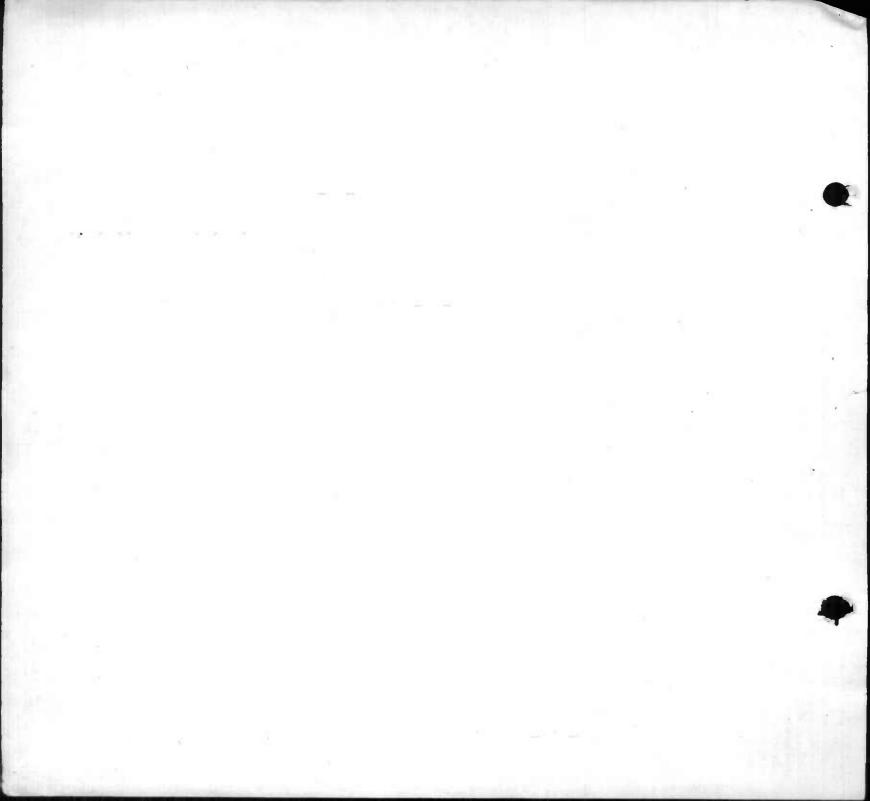


laurens

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VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



FULL NAME OF HOSPITAL OR

(Yes, no or unknown) (If yes, give

CERTIFICATE OF DEATH

pital and of death Deceased Such no hospital death. ance (4) Undetermined cause; (5) cause attend 0 prior contributing occurred regular made deceased disposition death ב SD the LO death final attendance any pronounced 10 med of balı 9 em regul who (3) A are physician before the remains the chief medical Mas (2) Body burns; No physician the 0 where

IMPORTANT

FUNERAL DIRECTOR:

hospital

to the

was released

certificate must

accident

An

shows: (1)

he body was D.O.

be approved by

any nature;

(except

hospital

0

obtained

pe

must

written approval

9

death); and

0

prior 10

eceased

M.E. CASE NO. PAULINE EVZMS (Type or Print)

2. DATE AND HOUR OF DEATH

SIDENCE (Where deceased lived, If institution; residence

				- V / /	0 -111-	-
ACE	OF	DEATH	IN	BALTIMORE,	MARYLAND	

B. COUNTY MARYLAND C. CITY OR TOWN (If outside city limits, write RURAL and give township)

oddiess or location) BALTIMORE CITY HOSPITALS 4940 EASTERN AVENUE BALTIMORE, MARYLAND 21224

(If not in hospital or institution, give street

(If rural, give location) 21 COTTAGE AVE. #21222

7 MARRIED NEVER MARRIED 5. SEX 6. RACE WIDOWED, DIVORCED (specify) FEMALE NEGRO NEVER MARRIED

R. DATE OF BIRTH 8-12-06

4. MOTHER'S MAIDEN NAME

BALTTMORE

9. AGE (In years If Under 1 Yi. If Under 24 Hrs. lost birthdov Hours

10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) done during most of working life, even if retired) Lousewife

VIRGINIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

INTERVAL BETWEEN

13. FATHER'S NAME MAJOR 15. Was Deceased Ever in U. S. Armed Forces?

ZIZA beth 17. INFORMANT

ADDRESS RECORDS: BCH 4940 EASTERN AVENUE #21224

DISEASE OF CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury as camplication which coused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving

ONSET AND DEATH Cerebral embolism

the above cause (A) stating the UNDERLYING CONDITION last.

Rheumatic Ht. Disesse

Atrial Fibrillation

11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED

208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20 A. AUTOPSY? (Yes or No)

CERTIFIC 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)

21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?

CAUSE OF DEATH

(If in Boltimore City, give exact location)

MEDIC (Month) (Dov) (Year) (Hour) OF INJURY (APPROX.)

21 E. INJURY OCCURRED White At Not While [ Work

SECURITY NO.

DUE TO

21F. HOW DID INJURY OCCUR?

22. I certify that & (this hospital) attended the deceased from that (1) (we) last saw the deceased alive an.

At Work

and that in (my) (aur) apinion death accurred an the date

and haur and fram the causes stated abave. (1) (We) (did) (<del>did not</del>) view the bady after death. 23A. SIGNATURE

Attending Phys.

23 D. ADDRESS

Med. Director Stoff Phys. 23 B. DATE SIGNED

23C. PHYSICIAN'S NAME (Type) DR. LAURICE MCAFEE

24B. DATE

4940 EASTERN AVENUE #21224 M.D.

(City, town, or county)

24A. BURIAL CREMATION, REMOVAL (Specify)

C. FUNERAL DIRECTOR

24D. LOCATION

ADDRESS

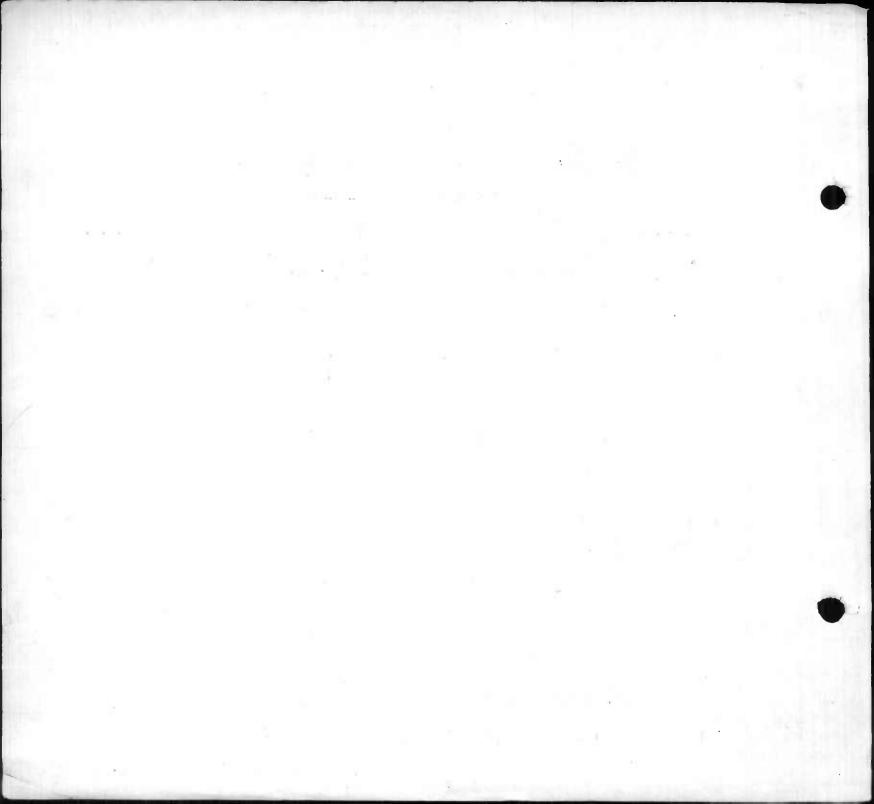
(Stote)

25A, DATE REC'D BY HEALTH DEPT.

258. NAME OF REGISTRAR

MORTON

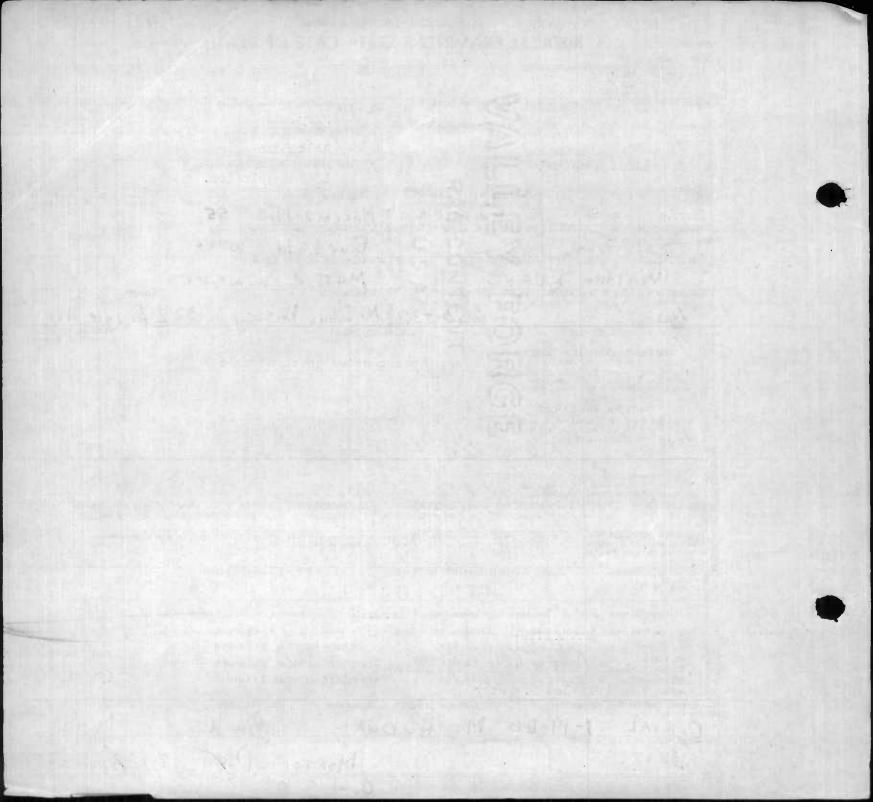
24C. NAME of CEMETERY OF CREMATORY



66 (11498)

BIRTH NO. MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH Registered Na.
M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
LUCY MASSEY	14 January 1966 9:05 p. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission.  A. STATE  B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland //-02
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
	Baltimore
Provedent Hospital	D. STREET ADDRESS (If rurol, give locotion)
	1322 Argyle Ave.
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years   If Under 1 Yr. If Under 24 Hrs.   Months   Doys   Hours   Min.
female negro Married	March 2-1910 55
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)  SCAM STIPSS	Bluefield W. VA.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Walter EVANS	MATTIE WINKIER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service)  SECURITY NO.  29-10-4371	MiTI. Massa. 1377 Acula Aca
	Mr Julius MASSEY 1322 Argyle Ave.
18. 4 4 3 X 1 CAUSE	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH HYBER	tonsive beaut disease
(A) HYBEL (This does not meon the mode of dying e.g., heart failure, asthenia, etc. It means the disease,	tensive heart disease
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	***************************************
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	yes
✓ 21A, EXTERNAL CAUSE WAS  UNDERLYING OR CONTRIB-  21B, PLACE OF INJURY (e.g., home, form, foctory, street,	in or obout 21C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?
UTING CAUSE OF DEATH.	
21D TIME (Month) (Doy) (Yeo) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	WHILE
22	
	and that an this basis, death in my apinian
resulted fram: Natural causes X Accident Suicid	
ACTUAL () ( )	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE ( Carle ) Pathy M.D	ASSISTANT MEDICAL EXAMINER **
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER 1/15/66
NAME (Type) Charles S. Petty	
REMOVAL (Specify)	or CREMATORY 23D. LOCATION (City, town, or county) (Stote)
DURIAL 1-19-66 Mt Hub	JURN DAILS. Md.
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
JAN 17 1966 (2)	MORTON & Duell 1701 Resurens
VS 151-REV. 1/1/65	0 1000000000000000000000000000000000000

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was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

BIRTH NO. 66 00439 CERTIFICA	ATE OF DEATH Registered No. 00 01439
M.E. CASE NO.	2, DATE AND HOUR OF DEATH
(Type or Print) Locke Geoege	1/12/66 1 315 4 m.
3. PLACE OF DEATH IN BALTIMO E, MARYLAND	4. USUAL RESIDENCE (When deceas d lived. If institution: residence before admission) A, STATE B, COUNTY
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
	Baltimore
University HOSPITAL	D. STREET ADDRESS (If rurol, give location) 661 West table in ST.
6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Long Some wan	Transte ville North Cordina U. J. A.
13. FATHER NAME	14. MOTHER'S MAIDEN NAME
Japane Chi. des	8 - 0 - 12
15. Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dates of service) SEGURITY NO.	6.1 01 11 d 15 10 et 1
NO 216-05-011 Q	OF DEATH OF DEATH OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., DUE TO	ure Renal failure
heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)  ANTECEDENT CAUSES  (B)	cute Myocompin Interno 5 days
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE PARAMETER OF CONDITION CAUSING IT.	nia
194. Date of operation 198. CONDITION FOR WHICH OPERATION WAS PERFORMED Trachectory	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF home, foctory, street, etc.)	in or obout 21 C. WHERE DID (If in Boltimore City, give exact location) affice bldg., INJURY OCCUR?
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
While At Not Wh	
Work L AT Work	
22. I certify that (th) (this hospital) attended the deceased from	
that (I) (age) lost saw the deceased alive on	19 and that in (my) (w) opinion death occurred on the date
ond hour ond from the couses stoted obave. (1) (We) (did) (did not)	
Xalmon J. Legis Ph	Mending Med. Stoff Phys. 1/12/66
23C. PHYSICIAN'S NAME (Type)  ALMAN S. ARUS M.D	23D. ADDRESS University Hospital
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CI	REMATORY 24D, LOCATION (City, town, or county) (Stote)
25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
JAN 17 1966 (1)	The mater + Dy att Fun & Home 1701 Laurens &
VS 150-REV. 1/1/65	Mind and a super in a super in a supporting

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- 6	00500	BALTIMORE CITY HEALTH DEPARTM
3	COMPLIC	CENTIFICATE OF DEA

		66 603	311()	BALTIMORE CITY			00:00
BIRTH N				CERTIFICA	TE OF DEATH	Registered No	6.00500
I.NAM	ASE NO.	EASED			2. DATE	AND HOUR OF DEATH	
Туре о	. Dinal	Allean F. M	c Kenn	ney		14-66	13:18 P W
3. PLA		ATH IN BALTIMORE, MA			4. USUAL RESIDENCE (		stitution: residence before admission)
FULL NAME OF (If not in hospital or institution, give street oddiess or location) INSTITUTION				give street	C. CITY OR TOWN (If outside city limits, wife RURAL and give township)		
The Johns Hopkins Hospital					Baltimore 21216  D. STREET ADDRESS (If rurol, give location)  3009 Lyttleton Road		
	nale	Negro	Widow		5-16-97	68	
OA. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTR' Hone during most of working life, even if relired)  Returned  3. FATHERS NAME				F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  14. MOTHER'S MAIDEN NAME		
					17 - 67		
		Frazier Ever in U. S. Armed For	ces?	1 6. SOCIAL	Martha Ta		ADDRESS \
Yes, no	oi unkno wr	(If yes, give wor or dote	s of service)	SECURITY NO.		1 61	350 Ritakis Highwar
N	0			219-18-0767-4	1 Kew-martin	M. Kanney	Len Bunie, Md
ris	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, il any, giving rise to the obove cause (A) stating the UNDERLYING CONDITION lost.  (B) Arteriosclerotic cardiovascular DUE TO CONDITIONS, il any, giving disease.  (C) (C)						
ATIO DI	THE D	IFICANT CONDITIONS CONTINUES OF CONDITION CAUSING	TED TO TH		20A. AUTOPSY? (Yes o	1 No) 208. IF YES, WERE F	INDINGS CONSIDERED
ERTIFIC 164	2 None WAS PERFORMED			YES	IN CERTIFYING CAL	JSES OF DEATH?	
U 217	21%. ACCIDENT WAS UNDERLYING						
OR			None etc.	.)	nce orag., INJURI OCCUI		
VEDICAL OF			(Hour) 21E	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
VEDICAL STREET	ATH (notify D. TIME INJURY PPROX.) I certify of (I) (Will)	(Month) (Doy) (Year)  that (1)*(this hespital)	(Hour) 21E Why Wo	ile At Not While At Work the deceased from January 14,	January 11	19.66to	anuary 14, 1966
WEDICAL STATE OF CALL STATE OF	ATH (notify D. TIME INJURY PPROX.) I certify of (I) (Will)	medical examiner  (Month) (Day) (Year)  that (1)*(this-hespital) last saw the deceased from the causes sta	(Hour) 21E Why Wo	LINJURY OCCURRED  Not While At Work  the deceased from	January 11	19.66to	
WEOCAL STATE OF CALCAL STATE O	ATH (notify D. TIME INJURY PPROX.)  I certify at (I) ((1))	medical examiner  (Month) (Day) (Year)  that (1)*(this-hespital) last saw the deceased from the causes sta	(Hour) 21E Why Wo	ile At Not Whith At Work the deceased from January 14,  1) (We) (did)-(did-not) v	January 11  19 66 one lew the body after decording Med.	19.66to	nion death accurred an the dat
WEDICAL STATE OF THE PROPERTY	ATH (notify D. TIME INJURY PPROX.)  I certify at (I) ((1))	medical examiner  (Month) (Day) (Year)  that (I) this hespital last saw the decease d fram the causes sta	(Hour) 21E Why Wo	LINJURY OCCURRED  The deceased from  January 14  1) (did) (did not) v  LISSUM M.D. Atte	January 11  19 66 one lew the body after decoration Med. 5. Director 23D. ADDRESS	19.66to	238 DATE SIGNED 1-14-66
OR DE 211 OF (A) 224 A. 81 230	D. TIME: INJURY PPROX.)  I certify at (I) (W) d hour an	medical examiner  (Month) (Day) (Year)  that (I) this hespital  last saw the decease d fram the causes sta  JRE  AN'S  Type)  Jay B  MATION, 248. DATE	(Hour) 21E Why wo	LINJURY OCCURRED  The deceased from  January 14  1) (did) (did not) v  LISSUM M.D. Atte	January 11  19 66 one lew the body ofter decording Med. Director 23D. Address  Johns Hopkins	INJURY OCCUR?  19.66 to definition of the defini	238 DATE SIGNED

FFAZIEF Coustar 258. NAME OF REGISTRAR

ADDRESS 1701 Havens St Bally md 21217 25C. FUNERAL DIRECTOR Dyett Find

VS 150-REV. 1/1/65

25A. DATE REC'D BY

HEALTH DEPT.

1966

